

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

OMB No 1545-0047

Internal Revenue Service

► The organization may have to use a copy of this return to satisfy state reporting requirements

Open to Public Inspection

A F	or the 20	02 calendar year, or tax year period beginning		na snai	ay	r		
8 c	heck if	Please C Name of organization				D Empl	loyer id	lentification number
	pplicable	WE PEDISABLED JOCKEYS FUN	D			_		
	Address	point of BRANCH BANKING & TRU	ST COMPANY, TI	RUST	EE			
ĪΧ	Name change	type Number and street for P O box if mail is no	of delivered to street address)		Room/suite	E Tele		
\Box	Inital Jetum	Specific 360 EAST VINE STREET						281-2120
	Final	bons City or town, state or country, and ZIP + 4						ned X Cash Account
	Amended Jestum	LEXINGTON, KY 40507				1	ther specify)	
	Application	 Section 501(c)(3) organizations and 4947(a)() nonexempt charitable trust					tion 527 organizations
-	- Par 1411-18	must attach a complated Schedule A (Form 99	(0 or 990-EZ)	H	i(a) is this a group i	etum fo	r affikal	les? Yes X No
6 1	Veb site	N/A			i(b) if Yes," enter no			es >
1 (roznizati	on type (check only one) ► X 501(c) (3) ◀ (Insent	no) 4947(a)(1) or	527 H	(c) Are all affiliates	included	12 J	N/A Yes No
		f the organization's gross receipts are norm	ally not more than \$25,000 T	he H	(if "No," attach a i(d) is this a separai	usij e retum	ñied b	√an or
	manizalio	in need not file a return with the IRS, but if the organiza	tion received a Form 990 Paci	cage	ganization cove	red by a	group	ruling? Yes X No
h	the mail.	it should file a return without financial data. Some stall	es require a complete return		1 Enter 4-digit GE	N D		
								ion is not required to attach
Le	iross rece	ipts: Add lines 6b, 8b, 9b, and 10b to line 12 ▶	518,81		Sch 8 (Form 9)	90, 990-	EZ, or	990-PF)
	erti F	levenue, Expenses, and Changes in	Net Assets or Fund	Balan	ces			
		Contributions, gifts, grants, and similar amounts receiv				1	- 1	
		Direct public support		12	4,1	<u>oo.</u>	- 1	
	-	indirect public support		10			,	
		Government contributions (grants)		10			;	
	•	Total (add lines 1a through 1c) (cash \$	4,100 noncash \$.)	14	4,100.
		Program service revenue including government fees an	d contracts (from Part VII, lin	e 93)		ļ	2	
		Membership dues and assessments				1	3	
		interest on savings and temporary cash investments					4	1,850.
		Dividends and interest from securities					5	33,128.
		Gross rents		6a				
		Less rental expenses	ĺ	6b			١, ١	
		Net rental income or (loss) (subtract line 6b from line 6	ia)				6¢	
		Other investment income (describe	*				. 7	
Revenua	1	Gross amount from sale of assets other	(A) Securities		(B) Other		3	
2		than inventory	479,741.	8a			·	
ď	J	Less cost or other basis and sales expenses	422,166.	8b			1	
		Gain or (loss) (attach schedule)	57,575.	8c				
		Net gain or (loss) (combine line Bc, columns (A) and (I)) STMT 1				84	57,575.
		Special events and activities (attach schedule)						
	1	Gross revenue (not including \$	of contributions				٠,	
g		reported on line 1a)		92				
Ħ	b	Less direct expenses other than fundraising expenses		8b				
Ö	.	Net income or (loss) from special events (subtract line	9b from line 9a)	1			90	
-	10 a	Gross sales of inventory, less returns and allowances		10a				
DEC	b	Less cost of goods sold		10b			^ ~	
꿈	c ·	Gross profit or (loss) from sales of inventory (attach so	chedule) (subtract ine 100 fro	D MAN	Jal	_	10c	
		Other revenue (from Part VIII line 103)	I R	CUE	IVED		11	06 652
	12	Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 1	VU, SHU III				12	96,653.
G	13	Program services (from line 44, column (8))	ISI NO	V 2			13	835,815.
20 Smercie	14	Management and general (from line 44, column (C))			5003 S		14	14,359.
Ž	15	Fundraising (from line 44 column (D))	100	N COL	- œ		15	
3		Payments to afiliates (attach schedula)	J <u>O</u> G	DE	4. UT [16	850,174.
	17	Total expenses (add lines 16 and 44, column (A))					17	<753,521.>
,,,,	18	Excess or (deficit) for the year (subtract line 17 from in	ne 12)				18	1,327,083.
Net Assets	19	Net assets or fund balances at beginning of year (from		ישישי כ	en a messessim	2	19	<132,674.>
Z	20	Other changes in net assets or fund balances (attach e	•	EE C	STATEMENT	4-	20	440,888.
	21	Net assets or fund balances at end of year (combine tir	ies 18, 19, and 20)				21	340,000.

DISABLED JOCKEYS FUND BRANCH BANKING & TRUST COMPANY, TRUSTEE

	(4) Of Q	anizations and section 4947(113
Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I	,	(A) Total	(B) Program servaces	(C) Management and general	(D) Fundraising
22 Grants and allocations (attach schedule)	11				
cesh \$ noncesh \$	22				
23 Specific assistance to individuals (attach schedule) 23	835,815.	835,815.	STATEMENT 4	
24 Benefits paid to or for members (attach schedule)	24				
25 Compensation of officers, directors, etc	25	0.	0.	0.	0.
26 Other salaries and wages	26				
27 Pension plan contributions	27				
28 Other employee benefits	28				
29 Payroll taxes	29				
30 Professional fundraising fees	30				
31 Accounting fees	31	4,100.		4,100.	
32 Legal fees	32				
33 Supplies	33				
34 Talaphone	34	<u>.</u>			
35 Postage and shipping	35				
35 Occupancy	36				
37 Equipment rental and maintenance	37				
38 Printing and publications	38				
39 Travel	39				
40 Conferences, conventions, and meetings	40				
41 Interest	41				
42 Depreciation, depletion, etc. (attach schedule)	42				
43 Other expenses not covered above (demize)					
STATE FEES &	43a				
REGISTRATIONS	43b	685.		685.	
FIDUCIARY FEES	43c	9,574.		9,574.	
				7,2	
đ	434				
đ	43d 43e				
B Total functional expenses (add lines 22 through 43) Oparization completing columns (8)-(0) carry frest tricks to lines 13-1	43d 43e 5 44	850,174.	835,815.	14,359.	0.
d 44 Total functional expenses (add lines 22 through 43) 44 Organizations completing columns (8)-(0) carry frest tribus to lines 13-1 Joint Costs: Check if you are following SOP: Are any joint costs from a combined educational cample If "Yes," enter (1) the aggregate amount of these joint or	43d 43e 5 44 98-2 aign an	850 , 174 .	orted in (B) Program sen I) the amount allocated t	14,359. nces?	Yes X No
d ### Total functional expenses (add lines 22 through 43) ### Organizations complaing columns (8)-(1) carry freez tries to lines 13-1 ### Joint Costs Check	43d 43e 5 44 98-2 aign an osts \$	850,174. d fundraising solicitation rep	orted in (B) Program sen	14,359. nces?	Yes X No
d ### Total functional expenses (add lines 22 through 43) ### Organizations completing columns (8)-(5) carry freez tribus to lines 13-1 ### Joint Costs: Check	43d 43e 5 44 98-2 aign an osts \$ \$	850,174. d fundraising solicitation rep(i	orted in (B) Program sen I) the amount allocated t v) the amount allocated t	14,359. nces?	Yes X No
d Gotal functional expenses (add lines 22 through 43) Grantzers company course (b) (b) carry freet tolas tolans 13-1 Joint Costs Check if you are following SOP 9 Are any joint costs from a combined educational campi If "Yes," enter (i) the aggregate amount of these joint or (iii) the amount allocated to Management and general Part III Statement of Program Serv	43d 43e 5 44 98-2 aign an osts \$ \$	850,174. d fundraising solicitation rep(i	orted in (B) Program sen I) the amount allocated t v) the amount allocated t	14,359. nces?	Yes X No
d Cotal functional expenses (add lines 22 through 43)	43d 43e 5 44 98-2 aign an osts \$ \$ FICE A	850,174. d fundraising solicitation rep (i) and (i) Accomplishments EE STATEMENT	orted in (B) Program sen i) the amount allocated to v) the amount allocated to	14,359. //ces?	Program Service Expenses Flequined for SO (ICIG) and
d ### Total functional expenses (add lines 22 through 43) #### Total functional expenses (add lines 22 through 43) ###################################	43d 43e 5 44 98-2 aign an osts \$ \$ "ICO A	850,174. d fundraising solicitation rep(iand [icomplishments EE STATEMENT deer and concise manner State 8 bons and 4947(401) nonexempt of	orted in (B) Program sen i) the amount allocated t v) the amount allocated t 3	14,359. //Ces? Defogram services \$ Defogram services \$ Defound raising \$ with licebone resuled rec. Descurse in the amount of grants and	Program Service Expenses (Pequired for SO1(c)(3) and (4) only and 49-47(s(1))
d ### Total functional expenses (add lines 22 through 43) #### Total functional expenses (add lines 22 through 43) ###################################	43d 43e 5 44 98-2 aign an osts \$ \$ "ICO A	850,174. d fundraising solicitation rep(iand [icomplishments EE STATEMENT deer and concise manner State 8 bons and 4947(401) nonexempt of	orted in (B) Program sen i) the amount allocated t v) the amount allocated t 3	14,359. //Ces? Defogram services \$ Defogram services \$ Defound raising \$ with licebone resuled rec. Descurse in the amount of grants and	Program Service Expenses (Fequived for 501(c)(3) and
d 44 Total functional expension (add lines 22 through 43) 44 Organization's completing columns (8)-(1) carry frest tribus to lines 13-1 Joint Costs: Check	43d 43e 5 44 98-2 aign an osts \$ \$ "ICO A	850,174. d fundraising solicitation rep(iand [icomplishments EE STATEMENT deer and concise manner State 8 bons and 4947(401) nonexempt of	orted in (B) Program sen i) the amount allocated t v) the amount allocated t 3	14,359. //Ces? Defogram services \$ Defogram services \$ Defound raising \$ with licebone resuled rec. Descurse in the amount of grants and	Program Service Expenses (Pequired for SO1(c)(3) and (4) only and 4947(s(1))
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d Total functional expenses (add lines 22 through 43)	43d 43e 44 98-2 aign an osts \$ \$ ICC A S	850,174. d fundraising solicitation rep (i) and (i) ACCOMPLISHMENT Deer and concise manuscribits of thors and 4947(q(1) nonexempt of the concise of the	orted in (B) Program sen i) the amount allocated to v) the amount allocated to 3 renumber of clients served government breats must also enter PERMANENTLY rants and allocations \$ rants and allocations \$	14,359. Aces?	Program Service Expenses (Pequive for 501(c)) and (4) orgs and 4947(s)(1) trusts but optional for others)
d Total functional expenses (add lines 22 through 43)	43d 43e 44 98-2 aign an osts \$ \$ ICC A S	850,174. d fundraising solicitation rep (i) and (i) ACCOMPLISHMENT Deer and concise manuscribits of thors and 4947(q(1) nonexempt of the concise of the	orted in (B) Program sen i) the amount allocated to v) the amount allocated to 3 renumber of clients served government breats must also enter PERMANENTLY rants and allocations \$ rants and allocations \$	14,359. Aces?	Program Service Expenses (Pequive for 501(c)) and (4) orgs and 4947(s)(1) trusts but optional for others)
d Total functional expenses (add lines 22 through 43)	43d 43e 44 98-2 aign an osts \$ \$ ICC A S	850,174. d fundraising solicitation rep (i) and (i) ACCOMPLISHMENT Deer and concise manuscribits of thors and 4947(q(1) nonexempt of the concise of the	orted in (B) Program sen i) the amount allocated to v) the amount allocated to 3 renumber of clients served government breats must also enter PERMANENTLY rants and allocations \$ rants and allocations \$	14,359. Aces?	Program Service Expenses (Pequive for 501(c)) and (4) orgs and 4947(s)(1) trusts but optional for others)
d 1 Total functional expenses (add lines 22 through 43) 44 Organization completing columns (8)-(5) carry freez totals in lates 13-1 Joint Costs: Check if you are following SOP 5 Are any joint costs from a combined educational cample if "Yes," whiler (i) the aggregate amount of thase joint or (iii) the amount allocated to Management and general Part III Statement of Program Serve What is the organization's primary exempt purpose? If the organization is primary exempt purpose achievement that are not measurable (Section 301(c)(3) and (4) allocations to others) a DISTRIBUTIONS MADE TO TEMPORARILY DISABLED. b	43d 43e 44 98-2 aign an osts \$ \$ ICC A S	850,174. d fundraising solicitation rep (i) and (i) Accomplishments EE STATEMENT Clear and concise manner State 8 bons and 4947(q(1) nonexempt of KEYS WHO ARE (G	orted in (B) Program sen I) the amount allocated to v) the amount allocated to 3 The number of clients served is partitible trusts must also enter PERMANENTLY rants and allocations \$ rants and allocations \$ rants and allocations \$ rants and allocations \$	14,359. Aces?	Program Service Expenses (Program for 501(ct) and (4) orgs and 4947(a)(1) trusts but optional for others)
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Form 990 (2002)

Part IV Balance Sheets Where required, attached schedules and amounts within the description column Beginning of year End of year should be for end-of-year amounts only 745 45 45 Cash - non-interest-bearing 423,402 69,941 Savings and temporary cash investments 47a 47 a Accounts receivable 47b 476 Less allowance for doubtful accounts 48a 48 Piedges receivable 48b b Less allowance for doubtful accounts 49 Grants receivable Receivables from officers, directors, trustees, and key employees 51 a Other notes and loans receivable 51b b Less allowance for doubtful accounts inventories for sale or use 53 Prepaid expenses and deferred charges 53 Cost FMV 54 Investments - securities 55 a investments - land, buildings, and 55a aguipment basis b Less accumulated depreciation 902,936 370,947. SEE STATEMENT 5 56 Investments - other 57 a Land, buildings, and equipment basis 57a 57c 57b b Less accumulated depreciation 58 Other assets (describe 1,327,083 440,888. Total assets (add lines 45 through 58) (must equal line 74) 60 Accounts payable and accrued expenses 61 51 Grants payable 52 έŻ Deferred revenue 63 Loans from officers, directors, trustees, and key employees 543 a Tax-exempt bond liabilities 64 b b Mortgages and other notes payable 55 Other frabilities (describe 0. 0 Total liabilities (add lines 60 through 65) Organizations that follow SFAS 117, sheck here 🕨 🔀 and complete lines 67 through 69 and lines 73 and 74 440,888. 1,327,083. 57 Net Assets or Fund Balances 67 Unrestricted 68 Temporanty restricted Permanently restricted Organizations that do not follow SFAS 117, check here 70 through 74 Capital stock, trust principal, or current funds 71 Paid-in or capital surplus, or land, building and equipment fund 71 72 Relained earnings, endowment, accumulated income, or other funds 72 Total net assets or fund balances (add lines 67 through 69 or lines 70 through 72, 440,888. 1,327,083. column (A) must equal line 19, column (B) must equal line 21) 1,327,083. 440,888. Total liabilities and net arrets / fund balances (add lines 66 and 73) 74

Form 990 is available for public inspection and for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

DISABLED JOCKEYS FUND BRANCH BANKING & TRUST COMPANY, TRUSTEE Page 4 Form 990 (2002) Reconciliation of Revenue per Audited Financial Statements with Revenue per Reconciliation of Expenses per Audited Part IV-B Part IV-A Financial Statements with Expenses per Return Return Total revenue, gains, and other support Total expenses and losses per 853,111. 92,300 audited financial statements per audited financial statements Amounts included on line a but not on Amounts included on line a but not on line 17, Form 990 line 12, Form 990 Donated services and use of facilities (1) Net unrealized gains <132,674. (2) Prior year adjustments on investments reported on line 20, (2) Donated services Form 990 and use of facilities (3) Losses reported on (3) Recoveries of prior line 20, Form 990 year grants (4) Other (specify) (4) Other (specify) STMT 7 2,937. 128,850. STMT 6 <3,824 Add amounts on lines (1) through (4) Add amounts on lines (1) through (4) 850. 96,124. Line a minus line b ε Line a minus line b Amounts included on line 17, Form Amounts included on line 12, Form 990 but not on line a 990 but not on line a (1) Investment expenses (1) investment expenses not included on not included on Ine 6b, Form 990 tine 6b, Form 990 (2) Other (specify) (2) Other (specify) STMT 8 529. 529 Add amounts on lines (1) and (2) Add amounts on lines (1) and (2) e Total expenses per line 17, Form 990 Total revenue per line 12, Form 990 850,174. 96,653 (line a plus line d) (line a plus line d) List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated) Part V (B) Title and average hours per week devoted to (C) Compensation (if not paid, enter (E) Expense account and employee benefit plans & deferred (A) Name and address other allowances position BRANCH BANKING & TRUST COMPANY TRUSTEE 360 EAST VINE STREET 9,574 0. 0. NOMINAL LEXINGTON. ΚŸ 40507-1

75 Did any officer, director, trustee, or key emplo organizations, of which more than \$10,000 w.	oyee receive aggregate compensation of more than as provided by the related organizations? If Yes,	n \$100,000 from your organization and all re attach schedule Yes X No	Form 990 (2002)
223031 01 22 00	4		
	<u></u>		

DISABLED JOCKEYS FUND BRANCH BANKING & TRUST COMPANY, TRUSTEE

Form	990 (2002) BRANCH BANKING & TRUST COMPANY, TRUSTEE		+	Page 5
	t VI Other Information	1		No
76	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	76		X
	Were any changes made in the organizing or governing documents but not reported to the IRS?	77		X
77				
	If "Yes," attach a conformed copy of the changes Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	782	•	X
		78b		
þ	ft. (62' tieth i rate out define an early and a second an	79		X
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year?	''		-
	If "Yes," attach a statement			1
80 a	is the organization related (other than by association with a statewide or nationwide organization) through common membership,	80a	X	
	governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?	CU4	1,7	7.
þ	If Yes, enter the name of the organization > JOCKEYS' GUILD, INC.	-		, 7,
	and check whether it is X exempt or I nonexempt So line 81 instructions 812 0			ĺ
81 #	FURSI DESCE OF INDIFFECT BONNESS SEE WIRE OF AUSTRALIANCE	· · ·	•	ìx
Þ	Did the organization file Form 1120-POL for this year?	815	-	
82 #	Oid the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantizily less than			v
	fair rental value?	82a		X
b	It "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an	,		
	expense in Part II (See instructions in Part III) 82b N/A	, ,	, <u></u>	~
83 ≥	Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	X	
ь	Det the group ration comply with the disclosure requirements relating to guid pro quo contributions?	83b	X	
84 a	Did the organization solicit any contributions or gifts that were not tax deductible?	84a		
b	if "Yes," drift the prognization include with every solicitation an express statement that such contributions or gifts were not			٠
_	tay deductible?	840		<u> </u>
85	501(n)(4), (5), or (6) organizations, a Were substantially all dues nondeductible by members? N/A	858		
	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	85b		<u> </u>
•	If "Yes" was answered to either 65a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax	,	٠.	
	owed for the prior year	٦,		<u> </u>
	Dues, assessments, and similar amounts from members 85c N/A		ľ	
2	Section 162(e) lobbying and political expenditures 854 N/A			Ì
d	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices 858 N/A] :		1 34
0	Taxable amount of tobbying and political expenditures (line 85d less 85e) 85i N/A			
1	Does the organization elect to pay the section 6033(s) tax on the amount on line 85f? N/A	850	" ``	
9	the organization erect to pay the section 6033(e) (1)(A) dues notices were sent, does the organization agree to add the amount on line 851 to its reasonable estimate of dues			
n	IT SECTION 6033(8)(1)(A) dues notices were sent, uses the organization agree to add the amount on and control of the sent of t	ASh		
	SHOCKOR (A HOUSE CONTINUE LONG AND ADDRESS OF AND ADDRESS OF AND ADDRESS OF A	<u> </u>	一	1
85	21/2	1 . :		1,
	G1055 (808lpts, Biclinded on thire 12, for phone use of care features] ^.	١,	1 😲
87	501(C)(12) organizations title 4 cross accome not interest of statements	7 <i>'</i>	1] " '
þ	Gross income from other sources (Do not net amounts due or paid to other sources account amounts due or received from them.) 87b N/A		١,	,
	SOSKIPE STRUMENTS AND ALL LENGTH FLOW PLEASE I TONIN PLEASE I TONI	۱ " '	1*	1''
88	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership,	1	1	İ
	or an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3?	88		x
	If "Yes," complete Part IX	30	1	+
89 a	501(c)(3) organizations Enter Amount of tax imposed on the organization during the year under 0 - section 4911 0 - section 4955 0 -		1	
	SECURITO 11 - 3.50000 43.60			1 '
þ	501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit			
	transaction during the year or did it become aware of an excess benefit transaction from a prior year?			X
	If "Yes," attach a statement explaining each transaction	890	<u> </u>	1~
C	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under			۸
	sections 4912, 4955, and 4958			0.
đ	Enter Amount of tax on line 89c, above, reimbursed by the organization			0.
90 z	List the states with which a copy of this return is filed SEE STATEMENT 9			
b	Number of employees employed in the pay period that includes March 12, 2002			0
91	The books are in care of DBRANCH BANKING & TRUST COMPANY Telephone no \$ 859-2	81-	212)
-,				
	Located at > 360 EAST VINE STREET LEXINGTON, KY ZIP+4 >	<u>405(</u>	7-	<u> 1514</u>
92	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 10 11- Check here		•	
	and enter the amount of tax-exempt interest received or accrued during the tax year	N/	****	
22304 01-22		Foi	m 99	0 (2002)
₩1	var anta antara di Santa di S			

BRANCH BANKING & TRUST COMPANY, TRUSTEE

late. Enter grass amounts unless other	erwisa		ed business income		by section 512, 513 or 514	(E)
ndicated		(A) Business	(B)	(C) Exclu	(D)	Related or exempt
3 Program service revenue	[_	code	Amount	supn code	Amount	function income
3						
b						<u></u>
đ						
f Medicare/Medicaid payments						
g Fees and contracts from government a	agencies					
4 Membership dues and assessments						
5 Interest on savings and temporary cas	th investments			14	1,850.	
B Dividends and interest from securities				14	33,128.	
7 Net rental income or (loss) from real e	state		-1			
a debt-financed property						
b not debt-financed property						
8 Net rental income or (loss) from perso	nal property					
9 Other investment income						
O Gain or (loss) from sales of assets		1				
other than inventory	· · · · · · · · · · · · · · · · · · ·			18	57,575.	
1 Net income or (loss) from special even	nts					
Gross profit or (loss) from sales of inv	rentory					
3 Other revenue						
1						
b						
	1			3 1		
1	1					
1					02.552	
8 4 Subtotal (add columns (8), (0), and (6) 5 Total (add line 104, columns (8), (0),	and (E))	on line 1	2, Part I	0.	92,553. •	92,55
4 Subtotal (add columns (B), (D), and (B) 5 Total (add line 104, columns (B), (D), ale Line 105 plus line 1d, Part I, should be the line (B)	and (E)) uid equal the amount tivities to the Au thich income is capacite	ccompl d in colum	ishment of Exe n (E) of Part Vil contr	empt Purp	oses (See page 32 of the	92,55 a unstructions)
8 4 Subtotal (add columns (B), (D), and (B) 5 Total (add line 104, columns (B), (D), ts Line 105 plus line 1d, Part I, shoulant VIII Relationship of Active III Explain how each actively for which the state of the	and (E)) uid equal the amount tivities to the Au thich income is capacite	ccompl d in colum	ishment of Exe n (E) of Part Vil contr	empt Purp	oses (See page 32 of the	92,55 a unstructions)
4 Subtotal (add columns (B), (D), and (B) 5 Total (add line 104, columns (B), (D), all Line 105 plus line 1d, Part I, should be the fill Relationship of Act will Relationship of Act will Explain how each activity for the fill exempt purposes (other than the fill be the fill be actively for the f	and (E)) and (E)) ald equal the amount tivities to the Archich income is reported by providing funds for s	ccompl d in colum such purpo	ishment of Exc n (E) of Part VII contr ses)	empt Purp	DOSES (See page 32 of the nity to the accomplishment titles (See page 32 of the	92,55 a instructions) of the organization's instructions)
4 Subtotal (add columns (B), (D), and (B) 5 Total (add line 104, columns (B), (D), als Line 105 plus line 1d, Part I, should be a substitute of Act VIII Relationship of Act VIII Explain how each activity for the substitute of Act VIII Property of Act VIII Prope	ding Taxable Supercontage of ownership interest	ccompl d in colum such purpo	ishment of Exc n (E) of Part VII contr ses)	empt Purp	POSES (See page 32 of the nity to the accomplishment	92,55 s instructions) of the organization's
4 Subtotal (add columns (B), (D), and (B) 5 Total (add line 104, columns (B), (D), alls Line 105 plus line 1d, Part I, should be subject VIII Relationship of Actival Part IX Information Regard (A) Name, address, and EIN of corporation, partnership, or disregarded entity	ding Taxable Supership interest	ccompl d in colum such purpo	Ishment of Exc n (E) of Part VII contr ses) 1es and Disreg (C)	empt Purp	DOSES (See page 32 of the nity to the accomplishment titles (See page 32 of the (D)	92,55 s instructions) of the organization's mistructions) (E) End-ol-year
4 Subtotal (add columns (B), (D), and (B) 5 Total (add line 104, columns (B), (D), alte Line 105 plus line 1d, Part I, shoulart VIII Relationship of Actival Part IX Information Regard (A) Name, address, and ElN of corporation.	ding Taxable Su Percentage of ownership interest %	ccompl d in colum such purpo	Ishment of Exc n (E) of Part VII contr ses) 1es and Disreg (C)	empt Purp	DOSES (See page 32 of the nity to the accomplishment titles (See page 32 of the (D)	92,55 s instructions) of the organization's mistructions) (E) End-ol-year
4 Subtotal (add columns (B), (D), and (B) 5 Total (add ine 104, columns (B), (D), ale Line 105 plus line 1d, Part I, shoulart VIII Relationship of Actival Part IX Information Regard (A) Name, address, and EIN of corporation, partnership, or disregarded entity	ding Taxable Su Percentage of ownership interest (B) Percentage of ownership interest %	ccompl d in colum such purpo	Ishment of Exc n (E) of Part VII contr ses) 1es and Disreg	empt Purp	DOSES (See page 32 of the nity to the accomplishment titles (See page 32 of the (D)	92,55 s instructions) of the organization's mistructions) (E) End-ol-year
4 Subtotal (add columns (B), (D), and (B) 5 Total (add line 104, columns (B), (D), alte Line 105 plus line 1d, Part I, should be total (B) Part VIII Relationship of Actival for the line line line line line line line lin	ding Taxable Supership interest (8) Percentage of ownership interest %	ccompl d in colum such purpo	ishment of Exc n (E) of Part VII contr ses) nes and Disreg (C) Nature of activities	empt Purpout amperta	DOSES (See page 32 of the nity to the accomplishment titles (See page 32 of the (D) Total income	92,55 Instructions) of the organization's Instructions) End-of-year assets
Subtotal (add columns (B), (D), and (B) Total (add line 104, columns (B), (D), and (B) Total (add line 104, columns (B), (D), and (B) Ite Line 105 plus line 1d, Part I, shoulart VIII Relationship of Active III	ding Taxable Su Percentage of ownership interest % ding Transfers	ccompl d in column such purpo ubsidiar	ishment of Exc n (E) of Part VII contr ses) nes and Disreg (C) Nature of activities	empt Purpout amperta	DOSES (See page 32 of the nity to the accomplishment titles (See page 32 of the (D) Total income	92,55 Instructions) of the organization's Instructions) End-of-year assets
Subtotal (add columns (B), (D), and (B Total (add line 104, columns (B), (D), Its Line 105 plus line 1d, Part I, shoce Part VIII Relationship of Act Explain how each activity for we exempt purposes (other than to exempt purposes) Part IX Information Regard (A) Name, address, and EIN of corporation, partnership, or disregarded entity N/A Part X Information Regard (a) Did the organization, during the year,	ding Taxable Supercessing Transfers Acting Transfers Acti	ccompl d in column such purpo ubsidiar Associa ctty or indi	ishment of Exc n (E) of Part VII contr ses) Tes and Disreg (C) Nature of activities Ited with Personetty, to pay premiur	empt Purpose and English Series and English Series and Beners on a person	DOSES (See page 32 of the nity to the accomplishment titles (See page 32 of the (D) Total income	92,55 Instructions) of the organization's Instructions) End-of-year assets Qe 33 of the instructions Yes X
4 Subtotal (add columns (B), (D), and (B 5 Total (add line 104, columns (B), (D), its Line 105 plus line 1d, Part I, shoce Part VIII Relationship of Act line in Explain how accidentally for to exempt purposes (other than to exempt purposes (other than to A) Name, address, and EIN of corporation, partinership, or disregarded entity N/A Part X Information Regard (a) Did the organization, during the year, (b) Did the organization, during the year, (b) Did the organization, during the year,	ding Taxable Supercentage of ownership interest with the supercent	d in column such purpo ubsidiar Associa ctty or indirecty or indirecty	ishment of Exc n (E) of Part VII contr ses) nes and Disrec (C) Nature of activities sted with Personal ber	empt Purpose and English Series and English Series and Beners on a person	DOSES (See page 32 of the nity to the accomplishment titles (See page 32 of the (D) Total income	92,55 Instructions) of the organization's Instructions) End-of-year assets
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B 4 Subtotal (add columns (B), (D), and (B) 5 Total (add line 104, columns (B), (D), the Line 105 plus line 1d, Part I, shoot Part VIII Relationship of Act Line 10 Explain how each activity for we exempt purposes (other than to exempt purposes) Part IX Information Regard (A) Name, address, and EIN of corporation, partnership, or disregarded entity N/A Part X Information Regard (a) Did the organization, during the year, (b) Did the organization, during the year,	ding Taxable Supercentage of ownership interest with the supercent	d in column such purpo ubsidiar Associa ctty or indirecty or indirecty	ishment of Exit (E) of Part VII contrises) Tes and Disreg (C) Nature of activities Ted with Persit (E), to pay premiurity, on a personal berief (E), on a personal berief (arded English on a person efit contract?	DOSES (See page 32 of the nity to the accomplishment titles (See page 32 of the (D) Total income	92,55 Instructions) of the organization's Instructions) (E) End-of-year assets Que 33 of the instructions Yes X Yes X
Subtotal (add columns (B), (D), and (B) State (add line 104, columns (B), (D), and (B) State (add line 104, columns (B), (D), and (B) State (add line 104, columns (B), (D), and (B) Relationship of Activity for the same (B) Explain how each activity for the exempt purposes (other than the exempt purposes (other than the exempt purposes (other than the exempt purposes) All Information Regards (A) Name, address, and EIN of corporation, partnership, or disregarded entity N/A Part X Information Regard (a) Did the organization, during the year, Note. If "Yes" to (b) file Form 8870 and the exemption of the exemption of the form 8870 and the exemption of the exemption of the form 8870 and the exemption of the exemption	ding Taxable Supership interest When the annual trivities to the Advice	d in columnia to humber of	ishment of Exit (E) of Part VII contrises) les and Disreg (C) Nature of activities rectly, to pay premiurity, on a personal berief information of which (1/42/0]	arded England Beneral Beneral Beneral Contract?	DOSES (See page 32 of the nity to the accomplishment titles (See page 32 of the (D) Total income fit Contracts (See page 32 of the (D) Total income	92,55 Instructions) of the organization's Instructions) End-of-year assets Qe 33 of the instructions Yes X Yes X
4 Subtotal (add columns (B), (D), and (B) 5 Total (add ine 104, columns (B), (D), ale Line 105 plus line 1d, Part I, should be the 105 plus line 1d, Part I, should be the 105 plus line 1d, Part I, should be the 105 plus line 1d, Part I, should be exempt purposes (other than the line 105 plus line	ding Taxable Supercentage of ownership interest with the supercent	d in column such purpo ubsidiar Associa ctty or indirecty or indirecty	ishment of Exit (E) of Part VII contrises) Tes and Disreg (C) Nature of activities Ted with Persit (E), to pay premiurity, on a personal berief (E), on a personal berief (arded England Beneral Beneral Beneral Contract?	DOSES (See page 32 of the nity to the accomplishment titles (See page 32 of the OD) Total income	92,55 Instructions) of the organization's Instructions) (E) End-of-year assets Que 33 of the instructions Yes X Yes X

SCHEDULE A (Form 990 or 990-EZ)

Organization Exempt Under Section 501(c)(3)

(Except Private Foundation) and Section 501(e), 501(i), 501(k), 501(n), or Section 4947(a)(1) Nonexempt Charitable Trust

Supplementary Information-(See separate instructions.)

BRANCH BANKING & TRUST COMPANY, TRUSTEE

2002 ▶ MUST be completed by the above organizations and attached to their Form 990 or 990-EZ

Department of the Treasury Internal Revenue Service

Name of the organization DISABLED JOCKEYS FUND Employer Identification number

OMB No. 1545-0047

(See page 1 of the instructions. List each one. If there are none, enter (a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deterred compensation	(e) Expense account and other allowances
NONE				Antonia popularia p
		,		
			<u> </u>	<u> </u>
Fotal number of other employees paid over \$50,000	0			<u> </u>
	ndent Contractors f	or Profession		\$\ \\$\ \\$\ \\$\ \\$\ \\$\ \\$\ \\$\ \\$\ \\$\
Part II Compensation of the Five Highest Paid Indepe	ndent Contractors f	or Profession	al Services	
Part II Compensation of the Five Highest Paid Indepe (See page 2 of the instructions. List each one (whether individuals or	ndent Contractors f	or Profession None")	al Services	(c) Compensation
Part II Compensation of the Five Highest Paid Indepensation of the Five Highest Paid Indepensation of the Five Highest Paid Independent contractor paid more that the property of the Independent Contractor paid more that the property of the Independent Contractor paid more that the property of the Independent Contractor paid more than the Independent Contractor pai	ndent Contractors f	or Profession None")	al Services	
Part II Compensation of the Five Highest Paid Indepensation of the Five Highest Paid Indepensation of the Five Highest Paid Independent contractor paid more that the property of the Independent Contractor paid more that the property of the Independent Contractor paid more that the property of the Independent Contractor paid more than the Independent Contractor pai	ndent Contractors f	or Profession None")	al Services	
Part II Compensation of the Five Highest Paid Indepensation of the Five Highest Paid Indepensation of the Five Highest Paid Independent contractor paid more that the property of the Independent Contractor paid more that the property of the Independent Contractor paid more that the property of the Independent Contractor paid more than the Independent Contractor pai	ndent Contractors f	or Profession None")	al Services	
Part II Compensation of the Five Highest Paid Indepensation of the Five Highest Paid Indepensation of the Five Highest Paid Independent contractor paid more that the property of the Independent Contractor paid more that the property of the Independent Contractor paid more that the property of the Independent Contractor paid more than the Independent Contractor pai	ndent Contractors f	or Profession None")	al Services	
Part II Compensation of the Five Highest Paid Indepensation of the Five Highest Paid Indepensation of the Five Highest Paid Independent contractor paid more that the property of the Independent Contractor paid more that the property of the Independent Contractor paid more that the property of the Independent Contractor paid more than the Independent Contractor pai	ndent Contractors f	or Profession None")	al Services	
Part II Compensation of the Five Highest Paid Indepensation of the Five Highest Paid Indepensation of the Five Highest Paid Independent contractor paid more that the property of the Independent Contractor paid more that the property of the Independent Contractor paid more that the property of the Independent Contractor paid more than the Independent Contractor pai	ndent Contractors f	or Profession None")	al Services	

Schedule A (Form 990 or 990-EZ) 2002 BRANCH BANKING & TRUST COMPANY, TRUSTEE		P	age 2
Part III Statements About Activities (See page 2 of the instructions)		Yes	No
1 During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the			
lobbying activities ▶ \$\$ (Must equal amounts on line 38, Part VI-A	,]		ĺ
or line + of Part VI-B)	1_1_		X
Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking			
"Yes," must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities			İ
2 During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors,			1
trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such	,	,	1
person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes,"		,	-
attach a detailed statement explaining the transactions)			
a Sale, exchange, or leasing of property?	_2a	 	X
b Lending of money or other extension of credit?	2b		X
e Furnishing of goods, services, or facilities?	25	-	X
d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	26		Х
a Transfer of any part of its income or assets?	2e		X
3 Does the organization make grants for scholarships, fellowships, student loans, etc.? (See Note below.)	3		х
Does the organization make grants for scholarships, fellowships, student loans, etc.? (See Note below.) 4. Do you have a section 403(b) annuity plan for your employees?	4	1	X
Note Attach a statement to explain how the organization determines that individuals or organizations receiving grants or loans	,		
from it in furtherance of its charitable programs "qualify" to receive payments			, .
Part IV Reason for Non-Private Foundation Status (See pages 3 through 5 of the instructions)			
The organization is not a private foundation because it is (Please check only ONE applicable box.)			
5 A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i)			
B A school Section 170(b)(1)(A)(ii) (Also complete Part V)			
7 A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii)			
8 A Federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v)			
9 A medical research organization operated in conjunction with a hospital Section 170(b)(1)(A)(iii) Enter the hospital's name, sity	f		
An organization operated for the benefit of a college or university owned or operated by a governmental unit Section 170(b)(1)(A)	(IV)		
(Also complete the Support Schedule in Part IV-A)			
An organization that normally receives a substantial part of its support from a governmental unit or from the general public			
Section 170(b)(1)(A)(vs) (Also complete the Support Schedule in Part IV-A)			
A community trust Section 170(b)(1)(A)(vi) (Also complete the Support Schedule in Part IV-A) An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross			
An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc., functions - subject to certain exceptions, and (2) no more than 33 1/3% of			
its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired	1		
by the organization after June 30, 1975 See section 509(a)(2) (Also complete the Support Schedule in Part IV-A.)			
An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations di	escribed in		
(1) lines 5 through 12 above, or (2) section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2). (See section 509(a)(3)			
Provide the following information about the supported organizations. (See page 5 of the instructions.)			
(a) Name(s) of supported organization(s)		ne num	
An organization organized and operated to test for public safety. Section 509(a)(4). (See page 5 of the instructions.)			
Schedule A (F	orm 990 o	r 990-E	L) 2002

Sched	lule A (Form 990 or 990-EZ) 2002 B	RANCH BANKI	NG & TRUST	COMPANY, TR	USTEE	Page :
1	Note You may use the	Complete only if you ch he worksheet in the ins	ecked a box on line 10 tructions for converting	0, 11, or 12) Use cash g from the accrual to ti	method of account he cash method of ac	ng counting
Calen begin	dar year (or fiscal year ning in)	(a) 2001	(b) 2000	(c) 1999	(d) 1998	(e) Total
15	Grits, grants, and contributions received (Do not include unusual grants. See tine 28.)	195,127.	263,910.	190,064.	62,932.	712,033.
15	Membership fees received					
17	Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose		14,341.			14,341.
18	Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	45,078.	42,006.	34,938.	23,784	145,806
19	Net income from unrelated business					
20	activities not included in line 18 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
21	The value of services or facilities furnished to the organization by a governmental unit without charge Do not include the value of services or facilities generally furnished to the public without charge					
22	Other income Attach a schedule			SEE STATEME		
	Do not include gain or (loss) from sale of capital assets				90.	
23	Total of lines 15 through 22	240,205.	320,257.			
24	Line 23 minus line 17	240,205.	305,916.			
25	Enter 1% of line 23	2,402.	3,203.			
26	Organizations described on lines 1				▶ <u>26a</u>	17,159
b	Prepare a list for your records to sho					
*	unit or publicly supported organizati			ecd the amount chown if		331,394
	Do not file this list with your return				260	857,929
	Total support for section 509(a)(1) t	est Enter line 24, column	45 006		≥ 26c	051,323
đ	Add Amounts from column (e) for it	***************************************		331,39	1	477,290
		22	<u>90.</u> 26b	331,39	4. ► 26d ► 26e	
6	Public support (line 26c minus line 2		tina 66a (danaminatas)		251	44.3672
	Public support percentage (line 26) Organizations described on line 12	a (numerator) ervided by	in here 15, 15, and 17 th	at were received from a "		
27	records to show the name of, and to	ital amounts received in ea	ach year from, each *disq	ualdied person * De net f	lie this list with your rel	urn Enter the sum of
	(2001)	(2000)	•	999)	(1998)	- 4h 4h4
b	For any amount included in line 17 to and amount received for each year, I described in lines 5 through 11, as we the larger amount described in (1) o	that was more than the la well as individuals) Do no	rger of (1) the amount o t file this list with your r	on line 25 for the year or (eturn After computing th	(2) \$5,000 (Include in the difference between the	e list organizations
	(2001)	(2000)	(1	999)	(1998)	
£	Add Amounts from column (e) for h					l
	17			21	<u> 27c</u>	N/A
٥	Add Line 27a total		id line 27b total		270	1 37/5
B	Public support (line 27c total minus			s 11	≥ 27e	N/A
1	Total support for section 509(a)(2) t			► <u>271</u>	N/A	N/Â
9	Public support percentage (lin				270	N/A
<u>h</u>	Investment income percentage	e (line 18, column (e)	Inumeratori divided i	by line 27f (denomina	(10r)) > 27h	
te	nusual Grants For an organization of the object of the outreller. Do not include these grant of the control of the outrelers.	e contributor, the date and	, or 12 that received any (1 amount of the grant, an	d a brief description of th	e ustnus of the Brauf Inc	ing title this list with dule A Form 990 or 990-EZ) 200

1975-2 C B 587, covering racial nondiscrimination? If "No," attach an explanation

Sche	dule A (Form 990 or 990-EZ) 2002 BRANCH BANKING & TRUST COMPANY, TRUSTEE		BL F	age 4
_	rt V Private School Questionnaire (See page 7 of the instructions)	N/		
FO	(To be completed ONLY by schools that checked the box on line 6 in Part IV)			
			Yes	No
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing			
	instrument or in a resolution of its governing body?	29		ļ
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues,			
	and other written communications with the public dealing with student admissions, programs, and scholarships?	30		
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of	1		1
	solicitation for students, or during the registration period if it has no solicitation program. In a way that makes the policy known		' ^	
	to all parts of the general community it serves?	31		
	If "Yes," please describe, if "No," please explain (If you need more space, attach a separate statement)		,	
			,	,
		,		,
32	Does the organization maintain the following	32a		- 4
2	Records indicating the racial composition of the student body, faculty, and administrative staff?	32h		T
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	3.0		<u> </u>
Ç	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student	32c		
_	admissions, programs, and scholarships?	324		
đ	Copies of all material used by the organization or on its behalf to solicit contributions? If you answered "No" to any of the above, please explain (if you need more space, attach a separate statement)			†
	If you allowered the to sky of the shore, please achieff (if you need there speed, almost a separate statement (,	•	
33	Does the organization discriminate by race in any way with respect to			1:
8	Students' rights or provileges?	33a		<u> </u>
b	Admissions policies?	33b		<u> </u>
¢	Employment of faculty or administrative staff?	33c		<u> </u>
đ	Scholarships or other financial assistance?	334	<u> </u>	1
8	Educational policies?	33e	<u> </u>	↓
1	Use of facilities?	331	<u> </u>	↓
g	Athletic programs?	33g	<u> </u>	
ħ	Other extracurricular activities?	33h	<u> </u>	ļ
	if you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)			
		. `		
34 a	Does the organization receive any financial aid or assistance from a governmental agency?	341	<u> </u>	<u> ^ </u>
b	Has the organization's right to such aid ever been revoked or suspended?	34b	<u> </u>	
	if you answered "Yes" to either 34a or b, please explain using an attached statement			
35	Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev. Proc. 75-50,		Į	1

Schedule A (Form 990 or 990-EZ) 2002

Schedule A (Form 990 or 990-EZ) 2002 BRANCH BANKING & TRUST COMPANY, TRUSTEE Part VI-A Lobbying Expenditures by Electing Public Charities (See page 9 of the instructions) (To be completed ONLY by an eligible organization that filed Form 5768) if you checked "a" and "limited control" provisions apply if the organization belongs to an affiliated group Check > a Limits on Lobbying Expenditures To be completed for ALL Affiliated group electing organizations totals (The term "expenditures" means amounts paid or incurred) N/A 35 36 Total lobbying expenditures to influence public opinion (grassroots lobbying) 37 Total lobbying expenditures to influence a legislative body (direct lobbying) 37 38 38 Total lobbying expenditures (add lines 36 and 37) 39 39 Other exempt purpose expenditures 40 40 Total exempt purpose expenditures (add lines 38 and 39) 41 Lobbying nontaxable amount. Enter the amount from the following table -The lobbying nontaxable amount is -If the amount on line 40 is -20% of the amount on line 40 Not over \$500,000 \$100 000 plus 15% of the execute over \$500 000 Over \$300 000 bulliant away \$1 000 000 41 Over \$1,000 000 but not over \$1 500,000 \$175,000 plus 10% of the excess over \$1,000 000 Over \$1 500 000 but not over \$17,000 000 \$225,000 plus 5% of the excess over \$1 500 000 Over \$17,000,000 \$1,000,000 47 Grassroots nontaxable amount (enter 25% of line 41) 43 Subtract line 42 from line 35 Enter -O- if line 42 is more than line 36 Subtract line 41 from line 38 Enter -O- if line 41 is more than line 38 44 Cautien If there is an amount on either line 43 or line 44, you must file Form 4720 4-Year Averaging Period Under Section 501(h) (Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 45 through 50 on page 11 of the instructions.) Lobbying Expenditures During 4-Year Averaging Period N/A (e) Calendar year (or (B) (b) 1999 Total 2000 2002 2001 tiscal year beginning in) 45 Lobbying nontaxable 0. hivoint 46 Lobbying ceiling amount 0. (150% of line 45(e)) 47 Total lobbying 0. expenditures 48 Grassroots nontaxable 0. 49 Grassroots ceiling amount 0. (150% of line 48(e)) 50 Grassrocts lobbying 0. expenditures Part VI-B Lobbying Activity by Nonelecting Public Charities N/A (For reporting only by organizations that did not complete Part VI-A) (See page 11 of the instructions) During the year, did the organization attempt to influence national, state or local legislation, including any attempt to Yes No InvomA influence out lic opinion on a legislative matter or referendum, through the use of a Volunteers b Paid statt or management (include compensation in expenses reported on lines a through h.) c Media advertisements d. Mailings to members, legislators, or the public R Publications, or published or broadcast statements Grants to other organizations for lobbying purposes Direct contact with legislators, their staffs, government officials, or a legislative body h Railies, demonstrations, seminars, conventions, speeches, lectures, or any other means 0. Total lobbying expenditures (Add lines a through h.)

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If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities

Schedule A	(Form 990 or 990-EZ) 2002	BRANCH BANKING	& TRUST COMP	ANY, TRUSTEE	<u> </u>	Page 6
Part VI	Information Re	garding Transfers To an	d Transactions and	l Relationships With No	oncharitable	
						····
51 Did 8	he reporting organization d	irectly or indirectly engage in any o	the following with any other	organization described in Section		
				ikical organizations?	[Ves No
a Trans	sters from the reporting or	ganization to a noncharitable exemp	ot organization of		51.0(1)	
						
					<u> </u>	- 1
					nin l	x
						
						
		ints				·····
		mambambin as fundamena salind:	ntione			
					c	Х
2 5030	ing of facilities, equipment	netween the following special parts of the following special p	employees rhadula: Column (b) should a	tways show the fair market value	of the	
g in title	alligned to ally ut the etter - Ather scente or conscen	owen hy the renorting organization	n If the organization received	less than fair market value in any		* * *
trans	is, outer essets, or services action or chargo arrangem	nent, show in column (d) the value	of the goods, other assets, o	r services received	•	N/A
				1 (d)	
Line no	Amount involved		xempt organization	Description of transfers, transac	tions, and sharing an	rangements
					*****	,,,
-		<u> </u>				
						V
	Part VII Information Regarding Transfers To and Transactions and Relationships With Noncharitable					
52 a is the	e organization directly or in	Page 6 re 990-679 2002 BRANCH BANKING 6 TRUST COMPANY, TRUSTEE Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations (See page 12 of the instructions) reporting organization directly or indirectly engage in any of the following with any other organization described in section of the Good (other than section 501(c)(3) organizations) or in section 527, relating to political organizations or sit from the reporting organization to a noncharitable exempt organization or in section 527, relating to political organizations or sit from the reporting organization to a noncharitable exempt organization or sit from the reporting organization or sort organization organization in the section 501(c)(3) organization organization sor or schanges or assets from a noncharitable exempt organization to flaciditions, equipment, or other assets the first organization or other assets the first organization organi				
Code	(other than section 501(c))(3)) or in section 527?			► LĀJ Yes	L No
b 11 Ye	is," complete the following :	schedule				
	Name of on	ganization	TABE OF OTDATISCATION			
						TIT.V 1
			501 (5) (5)			
JOCKE	YS' GUILD, I	NC.	501(C)(5)			
				JOCKEYS FUND.	VINE STRE	
				TRUST COMPANY		LI III
				SOLE TRUSTEE.	THE	

Name of organization	Type of organization	Description of relationship
		JOCKEY'S GUILD, INC.
		ESTABLISHED A TRUST ON JULY 1,
JOCKEYS' GUILD, INC.	501(C)(5)	1991 CALLED THE DISABLED
JOCKBIO GOILD, ING.		JOCKEYS FUND. VINE STREET
		TRUST COMPANY IS PRESENTLY THE
		SOLE TRUSTEE. THE
		PRESIDENT OF JOCKEYS' GUILD,
		INC. IS A MEMBER OF A
		COMMITTEE THAT ADVISES
		THE TRUSTEE OF THE NAMES AND
		PARTICULAR NEEDS OF DISABLED
SHIPMAN		JOCKEYS. GUILD
		PERSONNEL PERFORM MANAGEMENT,
		ACCOUNTING AND OTHER SERVICES
		FOR THE FUND AT
		NO CHARGE.'
		6 - L - A - C

01-22-03

Schedule A (Form 990 or 990-EZ) 2002

FORM 990 GAIN (LOSS) FE	ROM PUBLICLY I	RADED SECURIT	TIES S	TATEMENT	_1
DESCRIPTION	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	NET GAIN	
CAPITAL GAINS	479,741.	422,166.	0.	57,57	75.
TO FORM 990, PART I, LINE 8	479,741.	422,166.	0.	57,57	75.
DESCRIPTION				AMOUNT	
<u> </u>	_		<u></u>	<132,67	
UNREALIZED GAIN ON INVESTMENTS			_		
TOTAL TO FORM 990, PART I, LIN	NE 20			<132,67	
FORM 990 STATEMENT OF ORGAN	VIZATION'S PRI	MARY EXEMPT I	PURPOSE S	TATEMENT	3

EXPLANATION

THE DISABLED JOCKEYS FUND PROVIDES FINANCIAL HELP TO JOCKEYS WHO ARE PERMANENTLY AND TEMPORARILY DISABLED.

FORM 990 SP	ECIFIC ASSISTANCE TO INDIVIDUALS	STATEMENT 4
DESCRIPTION		AMOUNT
DISTRIBUTIONS TO OR FOR JOTEMPORARILY DISABLED	OCKEYS WHO ARE PERMANENTLY OR	835,815.
TOTAL TO FORM 990, PART I	I, LINE 23	835,815.

FORM 990	OTHER INVESTMENTS		STATEMENT	5
DESCRIPTION		VALUATION METHOD	AMOUNT	
BRANCH BANKING & T	RUST COMPANY	MARKET VALUE	370,94	17.
TOTAL TO FORM 990,	PART IV, LINE 56, COLUMN B		370,94	17.
FORM 990	OTHER REVENUE NOT INCLUDED ON	FORM 990	STATEMENT	6
DESCRIPTION			AMOUNT	
2001 DEPOSIT IN TR VOIDED CHECKS INCI			125,91 2,93	
TOTAL TO FORM 990,	PART IV-A		128,85	50.
FORM 990	OTHER EXPENSES NOT INCLUDED C	N FORM 990	STATEMENT	7
DESCRIPTION			TNUOMA	
VOIDED CHECKS			2,9	37.
TOTAL TO FORM 990,	PART IV-B		2,9	37.
FORM 990	OTHER REVENUE INCLUDED ON FO	RM 990	STATEMENT	8
DESCRIPTION			AMOUNT	
2002 DEPOSITS IN TROUNDING DIFFERENCE			5	28.
TOTAL TO FORM 990,	**************************************		5	29.

FORM 990	LIST OF	RECEIVING T VI, LINE	 OF	RETURN	STATEMENT	9

STATES

KENTUCKY, NEW YORK, CALIFORNIA, ILLINOIS, MARYLAND & FLORIDA

SCHEDULE A	OTHER INC	COME	ST	ATEMENT 10
DESCRIPTION	2001 AMOUNT	2000 MOUNT	1999 AMOUNT	1998 AMOUNT
ADVISORY FEE REBATES MISC INCOME	0.	0.	0.	16. 74.
TOTAL TO SCHEDULE A, LINE 22	0.	0.	0.	90.

194	15	-0	Page	2

Com Baca	3 (12-2000)	1943 - U Page 2
	re filing for an Additional (not automatic) 3-Month Extension, complete only Part II and	check this box
♥ π you a	re ming for an Additional flot automatic) 3-month extension, complete only state activities by complete Part II if you have already been granted an automatic 3-month extension o	
Mote: On	re filing for an Automatic 3-Month Extension, complete only Part I (on page 1)	
Part II		Original and One Copy.
1 01 0 10	Name of Exempt Organization	Employer identification number
Type or	DISABLED JOCKEYS FUND	·
	BRANCH BANKING & TRUST COMPANY, TRUSTEE	
File by the extended	Number, street, and room or suite no. If a P.O. box, see instructions	For IRS use only
due date for	360 EAST VINE STREET	
ling the return See Instructions	City, town or post office, state, and ZIP code. For a foreign address, see instructions LEXINGTON, KY 40507-1514	
	pe of return to be filed (File a separate application for each return)	
X For	m 990 Form 990-EZ Form 990-T (sec 401(a) or 408(a) trust) Form	m 1041-A Form 5227 Form 8870 m 4720 Form 6069
eron D	o not complete Part II if you were not already granted an automatic 3-month extension	on a previously filed Form 8868
• If the o	rganization does not have an office or place of business in the United States, check this bo	If this is for the whole group, check this
	s for a Group Return, enter the organization's four digit Group Exemption Number (GEN)	and EINs of all members the extension is for
box ▶ l	If it is for part of the group, check this box ▶ ☐ and attach a list with the names a	
4 1 000	guest an additional 3 month extension of time until NOVEMBER 17, 2003	
		and ending
		al return Change in accounting period
7 Sta	to in detail why you need the extension	
AL	DDITIONAL TIME IS NEEDED TO ACQUIRE INFORMATION	N NECESSARY TO FILE A
CC	OMPLETE AND ACCURATE RETURN	
	his application is for Form 990-BL, 990 PF, 990-T, 4720, or 6069, enter the tentative tax, les prefundable credits. See instructions	s any
ь if ti	his application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and e	stimated
tax	payments made Include any prior year overpayment allowed as a credit and any amount sayously with Form 8868	paid <u>\$</u>
pre - Sai	eviously with Form 8868 Issue Due, Subtract line 8b from line 8a, include your payment with this form, or, if required	s s
pre - Sai	eviously with Form 8868 lance Due Subtract line 8b from line 8a. Include your payment with this form, or, if required upon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See Instruct	s s
c Bai	eviously with Form 8868 lance Due Subtract line 8b from line 8a. Include your payment with this form, or, if required upon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instruct Signature and Verification salties of penuty. I declare that I have examined this form, including accompanying schedules and state.	d, deposit with FTD sons SN/A ments, and to the best of my knowledge and belief.
e Bai cox Under pen it is true, c	lance Due Subtract line 8b from line 8a. Include your payment with this form, or, if required upon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instruct Signature and Verification liaities of perjury, I declare that I have examined this form, including accompanying schedules and states or rect, and complete, and that I am authorized to prepare this form.	d, deposit with FTD sons SN/A ments, and to the best of my knowledge and belief.
c Bai	lance Due Subtract line 8b from line 8a. Include your payment with this form, or, if required upon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instruct Signature and Verification latters of perjury, I declare that I have examined this form, including accompanying schedules and state correct, and complete, and that I am authorized to prepare this form Little Little Regulation	to, deposit with FTD sons SN/A ments, and to the best of my knowledge and belief. Date > 8/3/63
e Bai cox Under pen it is true, c	lance Due Subtract line 8b from line 8a. Include your payment with this form, or, if required upon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instruct Signature and Verification latties of perjury, I declare that I have examined this form, including accompanying schedules and states correct, and complete, and that I am authorized to prepare this form. Title A Notice to Applicant - To Be Completed by the state of the s	to, deposit with FTD sons SN/A ments, and to the best of my knowledge and belief. Date > 8/3/63
Under pen it is true, c	lance Due Subtract line 8b from line 8a. Include your payment with this form, or, if required upon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instruct Signature and Verification latters of perjury, I declare that I have examined this form, including accompanying schedules and state correct, and complete, and that I am authorized to prepare this form Title Notice to Applicant - To Be Completed by the prepared this companyation's return	the IRS \$ N/A S N/A
Under pen it is true, c	lance Due Subtract line 8b from line 8a. Include your payment with this form, or, if required upon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instruct Signature and Verification latties of perjury, I declare that I have examined this form, including accompanying schedules and states correct, and complete, and that I am authorized to prepare this form. Title A Notice to Applicant - To Be Completed by the phase approved this application. Please attach this form to the organization's return a phase not approved this application. However, we have granted a 10-day grace period from	the IRS s N/A N/A N/A N/A N/A N/A N/A
Under pen it is true, c Signature We Gat	lance Due Subtract line 8b from line 8a. Include your payment with this form, or, if required upon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instruct Signature and Verification latties of perjury, I declare that I have examined this form, including accompanying schedules and states correct, and complete, and that I am authorized to prepare this form. Title Notice to Applicant - To Be Completed by the have approved this application. Please attach this form to the organization's return as have not approved this application. However, we have granted a 10-day grace period from the organization's return (including any prior extensions). This grace period is consider.	the IRS The late of the late shown below and the due red to be a valid extension of time for elections
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Under pen it is true, c Signature We date other weekers	lance Due Subtract line 8b from line 8a. Include your payment with this form, or, if required upon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instruct Signature and Verification latties of perjury, I declare that I have examined this form, including accompanying schedules and states correct, and complete, and that I am authorized to prepare this form. Title LAA Notice to Applicant - To Be Completed by to a have approved this application. Please attach this form to the organization's return a have not approved this application. However, we have granted a 10-day grace period from the organization's return (Including any prior extensions). This grace period is consider the entire of the organization's return. Please attach this form to the organization's entirely return. Please attach this form to the organization's the have not approved this application. After considering the reasons stated in item 7, we can be the provided that the policies of the organization that the policies of the organization that the organization's return.	Date > 8/3/03 The IRS In the later of tiberate shown belief to be a valid extension of time for elections are trefum. INDA WEISACPER 1950 DIRECTO
Under pen it is true, c Signature We date other weekers	lance Due Subtract line 8b from line 8a. Include your payment with this form, or, if required upon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instruct Signature and Verification latties of perjury, I declare that I have examined this form, including accompanying schedules and states correct, and complete, and that I am authorized to prepare this form. Title LAA Notice to Applicant - To Be Completed by to a have approved this application. Please attach this form to the organization's return a have not approved this application. However, we have granted a 10-day grace period from the organization's return (Including any prior extensions). This grace period is consider the entire of the organization's return. Please attach this form to the organization's entirely return. Please attach this form to the organization's the have not approved this application. After considering the reasons stated in item 7, we can be the provided that the policies of the organization that the policies of the organization that the organization's return.	Date > 8/3/03 The IRS In the later of tiberate shown belief to be a valid extension of time for elections are trefum. INDA WEISACPER 1950 DIRECTO
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Under pen it is true, c Signature We dai oth Use Glie U	lance Due Subtract line 8b from line 8a. Include your payment with this form, or, if required upon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instruct Signature and Verification latties of perjuny, I declare that I have examined this form, including accompanying schedules and states correct, and complete, and that I am authorized to prepare this form. It le LAA Notice to Applicant - To Be Completed by the laws application. Please attach this form to the organization's return a have not approved this application. However, we have granted a 10-day grace period from the organization's return (Including any prior extensions). This grace period is consider the required to be made on a timely return. Please attach this form to the organization's the have not approved this application. After considering the reasons stated in item 7, we can be weare not granting the 10-day grace period. It is application because it was filed after the due date of the return for the first supplication because it was filed after the due date of the return for the first supplication.	S d, deposit with FTD sons S N/A ments, and to the best of my knowledge and belief, Date 8/3/63 The IRS In the later of the ktate's nown below at the due red to be a valid extension of time for elections a return SINDA WEISACHT (IELD DIRECTO which an extension of time to Date Date
Under pen it is true, c Signature We dai oth Use Glie U	lance Due Subtract line 8b from line 8a. Include your payment with this form, or, if required upon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instruct Signature and Verification latters of perjury, I declare that I have examined this form, including accompanying schedules and states correct, and complete, and that I am authorized to prepare this form. **Licky Ruyull** Title **Licky** Notice to Applicant - To Be Completed by the have not approved this application. However, we have granted a 10-day grace period from the organization's return (including any prior extensions). This grace period is consider the entered to be made on a timely return. Please attach this form to the organization's enterwise required to be made on a timely return. Please attach this form to the organization's enterwise not approved this application. After considering the reasons stated in item 7, we can we are not granting the 10-day grace period. We are not granting the 10-day grace period. We are not granting the 10-day grace period. **We are not granting the 10-day grace period.** By	S d, deposit with FTD sons S N/A ments, and to the best of my knowledge and belief, Date 8/3/63 The IRS In the later of the ktate's nown below at the due red to be a valid extension of time for elections a return SINDA WEISACHT (IELD DIRECTO which an extension of time to Date Date
Under pen it is true, c Signature We dai oth Use Glie U	lance Due Subtract line 8b from line 8a. Include your payment with this form, or, if required upon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instruct Signature and Verification lates of perjury, I declare that I have examined this form, including accompanying schedules and states or rect, and complete, and that I am authorized to prepare this form. **Notice to Applicant - To Be Completed by the have approved this application. Please attach this form to the organization's return the offen are not approved this application. However, we have granted a 10-day grace period is consider the organization's return (including any prior extensions). This grace period is consider the organization's return Please attach this form to the organization's energy required to be made on a timely return. Please attach this form to the organization's energy approved this application. After considering the reasons stated in item 7, we can be used to the supplication because it was filed after the due date of the return for the consider this application because it was filed after the due date of the return for the manner. **By** **EMAILING Address** **EMAILING Address** **Emailing Address** **Emailing Address** **Enter the address if you want the copy of this application for an additionable one entered above.**	S d, deposit with FTD sons S N/A ments, and to the best of my knowledge and belief, Date 8/3/63 The IRS In the later of the ktate's nown below at the due red to be a valid extension of time for elections a return SINDA WEISACHT (IELD DIRECTO which an extension of time to Date Date
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Form 8868	O. REC'D AUG 15 7573 5M		1945-0 Page :
• If you ar	a filing for an Additional (not automatic) 3-Month Extension, complete only Part II and complete Part II if you have already been granted an automatic 3-month extension o	check this bo n a previous!	× • 🗓
	e filing for an Automatic 3-Month Extension, complete only Part I (on page 1)	Original a	nd One Conv
Part li	Additional (not automatic) 3-Month Extension of Time - Must file	Original a	Employer identification number
	Name of Exempt Organization DISABLED JOCKEYS FUND RANCH BANKING & TRUST COMPANY, TRUSTEE		Employer identification number
File by the	Number, street, and room or suite no if a P O box, see instructions 360 EAST VINE STREET	,	For IRS use only
iting the eturn. See	City, town or post office, state, and ZIP code. For a foreign address, see instructions LEXINGTON, KY 40507-1514	,	a British to
Check typ	e of return to be filed (File a separate application for each return) 990 Form 990-EZ Form 990 T (sec 401(a) or 408(a) trust) Form	n 1041•A	Form 5227 Form 8870
STOP Do	not complete Part II if you were not already granted an automatic 3-month extension	on a previou	sly filed Form 8868
● If the on ● If this is box ▶ □	panization does not have an office or place of business in the United States, check this bo for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If it is for part of the group, check this box	tf th	is is for the whole group, check the members the extension is for
4 req	uest an additional 3 month extension of time until	and ending	
		il return	Change in accounting peno
7 State	a in detail why you need the extension		
AD:	DITIONAL TIME IS NEEDED TO ACQUIRE INFORMATION OF THE PROPERTY	N NECES	SSARY TO FILE A
8a If the	s application is for Form 990 BL, 990-PF, 990-T, 4720, or 6069, enter the tentative fax, less efundable credits. See instructions	5 03	<u>\$</u>
taxs	s application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and e- nayments made. Include any prior year overpayment allowed as a credit and any amount prousty with Form 8868.	stimated paid	\$
c Bala	nce Due Subtract line 8b from line 8a. Include your payment with this form, or, if required on or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instruct	i, deposit with ions	s N/A
	Signature and Verification		
Under penal t is true, co	ties of perjury. I declare that I have examined this form, including accompanying schedules and statel rract, and complete, and that I am authorized to prepare this form	nents, and to t	e best of my knowledge and belief
Signature I	- Kathy Rugald Title - CPA		Date > 8/3/03
Signature •	Notice to Applicant - To Be Completed by t	he IRS	
New	have approved this application. Please attach this form to the organization's return		
Wa I	have not approved this application. However, we have granted a 10-day grace period from	n the later of 1	he date shown below or the due
date	of the organization's return (including any prior extensions). This grace period is consider	ed to be a va	lid extension of time for elections
	rivise required to be made on a timely return. Please attach this form to the organization's		is too look for an autonoise of time
We I	have not approved this application. After considering the reasons stated in rights, we can we are not granting in the property of the period cannot consider this application because it was filed after the due date of the relief for the consider.	mor Braut Aor	N ICTUSOLION SILEVICIONOLION (RING
file	we are not granting that purply grace period	vhich an exte	nsion was requested
Oth	of Control of the Con		
	JEP 2/2 201	64.74.	
	INTERNAL 12 200? By By	100 C	Data
Director	FOR THE VENEZUE CO.	4/0	Date
Alternate different ti	Mailing Address Editor is saddings if you want the copy of this application for an action to the one entered above	nai 3 minti	extension returned to an address
~	DEAN, DORTON & FORD, P.S.C.		
Type or print	Number and street (include suite, room, or apt no) Or a P O box number 106 W. VINE STREET, SUITE 600		
273832 05 22 02	City or town province or state and country (including postal or ZIP code) LEXINGTON, KY 40507		Form 8868 (12-2
			LOUIS QOOD (15.5.5

Form 8868 (December 2000) Department of the Treesury

Application for Extension of Time To File an Exempt Organization Return

1945 - D OMB No 1545-1709

File a separate application for each return

HEATTLE PROPE	Ma Darina		
• If you a	re filing for an Automatic 3-Month Extension, complete only Part I and check this box	•	X
● If you a	re filing for an Additional (not automatic) 3-Month Extension, complete only Part II (on page 2 of this	form)	
Note Do	not complete Part II unless you have already been granted an automatic 3-month extension on a pr	eviously filed Form 8868	l.
Part I	Automatic 3-Month Extension of Time - Only submit onginal (no copies needed)		
N-4 F	m 990-T corporations requesting an automatic 6-month extension - check this box and complete Part I	only 🕨	
NOLE: POI	corporations (including Form 990-C filers) must use Form 7004 to request an extension of time to file incomp	ne tax	
returns. P	artnerships, REMICs and trusts must use Form 8736 to request an extension of time to file Form 1065, 10	66, or 1041	
Type or	Name of Exempt Organization	Employer identification	number
print	DISABLED JOCKEYS FUND		
print	BRANCH BANKING & TRUST COMPANY, TRUSTEE		
File by the	Number, street, and room or suite no. If a P.O. box, see instructions		
due date for Sting your	360 EAST VINE STREET		
return. See Instructions.	City, town or post office, state, and ZIP code. For a foreign address, see instructions		
	LEXINGTON, KY 40507-1514		

Check ty	be of return to be filed (file a separate application for each return)		
X Fon	n 990 Form 990-T (corporation) Form 41	720	
Fon	m 990-BL Form 990-T (sec. 401(a) or 408(a) trust) Form 52	227	
For	n 990 EZ Form 990 T (trust other than above) Form 60	069	
	n 990-PF Form 1041-A Form 80	370	
1 I red	quest an automatic 3-month (6-month, for 990-T corporation) extension of time until <u>AUGUST 1</u> le the exempt organization return for the organization named above. The extension is for the organization	.5, 2003 .	
	X calendar year 2002 or		
▶[tax year beginning, and ending		
2 if th	is tax year is for less than 12 months, check reason Initial return Final return	Change in account	ing period
3a lfth	is application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any		
	refundable credits. See instructions	\$	
b if th	is application is for Form 990-PF or 990-T, enter any refundable credits and estimated		
	payments made. Include any prior year overpayment allowed as a credit	\$	
	ance Due. Subtract line 3b from line 3a. include your payment with this form, or, if required, deposit with	r FTD	/ -
cou	pon or, if required, by using EFTPS (Electronic Federal Tax Payment System) See Instructions	<u>\$</u>	N/A
	Signature and Verification		
Under pen It is true, c	afties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to th priect, and complete, and that I am authorized to prepare this form	e best of my knowledge and	belief,
Cumpatura	Norther Russell Tale CPA	Date > 5-9-03	
Signature	or Paperwork Betruction Act Notice, see instruction		68 (12-2000
LHA F	N Lebelmany Degrandity ver tanner see menanya;		

TAB 45

Form 990

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung
benefit trust or private foundation)

	rtment of the		ments	Open to Public inspection
***********	or the 20	03 calendar year, or tax year beginning and ending		333 TAPE 1441
-		C Name of organization	D Employer Ident	ification number
	iheck if pplicable	Use PSDISABLED JOCKEYS FUND	- Linkington monit	meanum menteer
	Address	ISON OF DANICH PANETNO & PRICE COMPANY PRICER		
<u></u>	Name change	type Number and street (or P.O. box if mail is not delivered to street address) Room/suite	E Telephone num	ber
<u> </u>	_initali _initali _iotum	Specific 360 EAST VINE STREET		81-2120
_	Final		F Accounting method.	
	⊸return ∏Armended ⊶return	Take the second	Other (specify)	
$\overline{\Box}$	Applicate	• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts H and I are not applied		527 organizations.
		must attach a completed Schedule A (Form 990 or 990-EZ). H(a) is this a group re		
G V	Nebsite: I	►N/A H(b) If Yes, enter nu	mber of affiliates I	>
		on type (theck only one) ► X 501(c) (3) fineert no) 4947(a)(1) or 527 H(c) Are all affiliates in	cluded? N/	A Yes No
K	heck hen	if the organization's gross receipts are normally not more than \$25,000. The H(d) is this a separate	IST.) return filed by an	or
0	rganizatio	on need not file a return with the IRS; but if the organization received a Form 990 Package ganization covere	d by a group ruli	ng? Yes X No
11	n the mail	it should file a return without financial data. Some states require a complete return.		
				is not required to attach
		ipts Add lines 6b, 8b, 9b, and 10b to line 12 > 327, 397. Sch B (Form 990), 990-EZ, or 990	-PF)
Pa		Revenue, Expenses, and Changes in Net Assets or Fund Balances		
	1 1	Contributions, gifts, grants, and similar amounts received:	, , .	
	Į.	The state of the s	17.	
	ļ.	manaa paana aappa		
	_	Government contributions (grants)		118.
		Total (add lines 1a through 1c) (cash \$ noncash \$) 16	110.
		Program service revenue including government fees and contracts (from Part VII, line 93)	· 2 -	
		Membership dues and assessments	3	186.
	l	Interest on savings and temporary cash investments	. 5	13,802.
	i	Dividends and interest from securities	·	13,002.
		Gross rents		
	_	1000. Tentar expenses	5c	
		Net rental income or (loss) (subtract line 6b from line 6a)	7 7	
S	1	Other Investment Income (describe Gross amount from sales of assets other (A) Securities (B) Other	17-31	
Revenue	1	313 291 82		
è		Less, cost or other basis and sales expenses 258,717.8b	7	
	1 -	Gain or (loss) (attach schedule) 54,574 8c		
	1	Net gain or (loss) (combine line 8c, columns (A) and (B))	8d	54,5 <u>74.</u>
		Special events and activities (attach schedule). If any amount is from gaming, check here	;.·	
	E	Gross revenue (not including \$ of contributions	'-	
		reported on line 1a)	- 4	
		Less: direct expenses other than fundraising expenses 9b	`~ [%]	
	S	Net income or (loss) from special events (subtract line 9b from line 9a)	<u>9c</u>	
		Gross sales of inventory, less returns and allowances 10a		
2004		Less: cost of goods sold	>>	
~		Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 106 from line 10a)	10c	
02	1	Other revenue (from Part VII, line 103)	11	60 600
	12		12	68,680.
≣	13	Program services (from line 44, column (B)) Management and general (from line 44, column (C)) Solution Services (from line 44, column (B))	13	371,160.
整	14	Management and general (from line 44, column (C))	14	7,698.
S	15	# 3 1 # 1:.44 ==1:==##\\	15	
GCANNED BUT	15	Payments to affliates (attach schoule)	. 15	378,858.
3	17	Total expenses (add tiles to and 44, column (A))	17	<310,178.>
3 ,	18	Excess or (deficit) for the year (subtract line 17 from line 12)	18	440,888.
4	19	Net assets or fund balances at beginning of year (from line 73, column (A)) Other phases in and excels or fund balances (attach explanation) SEE STATEMENT		<25.639.>

DISABLED JOCKEYS FUND BRANCH BANKING & TRUST COMPANY, TRUSTEE

Do not include amounts reported on line	1111	(A) Total	(B) Program	(C) Management		ndraising
6b, 8b, 9b, 10b, or 16 of Part I.		(A) I UIAI	services	and general		
Grants and allocations (attach schedule)						•
cash \$noncash \$	22	223 360	271 160	STATEMENT 4	-	
Specific assistance to individuals (attach schedule		371,160.	3/1,100.	PARIENCMI A	,	
Benefits paid to or for members (attach schedule)			0.	C	(0.
Compensation of officers, directors, etc	25	0.	U.			
Other salaries and wages	26				-	
Pension plan contributions	27					
Other employee benefits	. 28	1				
Payroll taxes	. 29					
Professional fundraising fees	30	5 000		5,000		
Accounting fees	31	5,000.		3,000	<u>' • </u>	
Legal fees	32					
Supplies	. 33					
Telephone	. 34				_	
Postage and shipping	35					
Occupancy	36				 	
Equipment rental and maintenance	37					
Printing and publications	38					
Travel	39					<u></u>
Conferences, conventions, and meetings	40					
Interest	. 41					
Depreciation, depletion, etc. (attach schedule)	. 42		······			
Other expenses not covered above (itemize).					1	
STATE FEES &	_ 43 a	160.	·	160	5.	
REGISTRATIONS	43b	2,538.		2,53		
FIDUCIARY FEES	43c	2,330.		2/33		
	1404					
d	434					
	438 -15 44 98-2.	378,858.	371,160	vices?	Yes [X No
Int Costs. Check If you are following SOP any joint costs from a combined educational came yes, enter (I) the aggregate amount of these joint (I) the amount allocated to Management and general part #I Statement of Program Ser	98-2. paign and costs \$	fundraising solicitation re ; ; and complishments	ported in (B) Program set (ii) the amount allocated (iv) the amount allocated	vices? lo Program services \$	Yes [X No
Int Costs. Check If you are following SOP any joint costs from a combined educational came yes, enter (I) the aggregate amount of these joint (I) the amount allocated to Management and general part #I Statement of Program Ser	98-2. paign and costs \$	fundraising solicitation re ; ; and complishments	ported in (B) Program set (ii) the amount allocated (iv) the amount allocated	vices? lo Program services \$	➤	X No :
int Costs. Check In the figure of the figure of the series	43e 44 98-2. paign and costs \$ it \$ vice Ac	fundraising solicitation re ; ; and :complishments E STATEMENT	ported in (B) Program ser (ii) the amount allocated (iv) the amount allocated	vices?	Progr	X No ::
Int Costs. Check In If you are following SOP any joint costs from a combined educational came yes," enter (i) the aggregate amount of these joint in the amount allocated to Management and general enterties In Statement of Program Servat is the organization's primary exempt purpose? Organizations must describe their exempt purpose achievements that are not messurable. (Section 601(c)(3) and (section 601(c)(3))	438 438 44 98-2. spaign and costs \$ st \$ vice Ac SE ments in a cle 4) organization	fundraising solicitation re; ; and complishments E STATEMENT her and concise manner. State has and 4947(a)(1) nonexempt	ported in (B) Program set (II) the amount allocated (IV) the amount allocated 3 the number of clients served, charitable trusts must also en	vices?	Progr	X No ::
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Int Costs. Check In If you are following SOP as any joint costs from a combined educational came yes," enter (I) the aggregate amount of these joint in the amount allocated to Management and general Pert III Statement of Program Servat is the organization's primary exempt purpose? Organizations must describe their exempt purpose achievem his view to others in the control of the	438 438 44 98-2 paign and costs \$ ul \$ vice Ac SE	fundraising solicitation re; ; and ; and ; and ; and ; and ; complishments E STATEMENT ser and concise manner. State ins and 4947(a)(1) nonexempt EYS WHO ARE	ported in (B) Program set (II) the amount allocated (IV) the amount allocated 3 the number of clients served, charitable trusts must also ent PERMANENTL Grants and allocations \$	to Program services \$ to Fundraising \$ publications issued, etc Disc are the amount of grants and YOR	Progr Flagues (A) orga- stusts, but o	am Service appenses for 601(c)(3) and 6947(a)(1) applications for other
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int Costs. Check if you are following SOP as any joint costs from a combined educational came yes, "enter (i) the aggregate amount of these joint in the amount allocated to Management and general statement of Program Serial Statement of Program Serial is the organization's primary exempt purpose? Organizations must describe their exempt purpose active their exempt the purpose active their exempt purpose active their e	438 438 44 98-2 paign and costs \$ ul \$ vice Ac SE	fundraising solicitation re; ; and ; and ; and ; and ; and ; complishments E STATEMENT ser and concise manner. State ins and 4947(a)(1) nonexempt EYS WHO ARE	ported in (B) Program set (II) the amount allocated (IV) the amount allocated 3 the number of clients served, charitable trusts must also ent PERMANENTL Grants and allocations \$	to Program services \$ to Fundraising \$ publications issued, etc Disc are the amount of grants and YOR	Progr Flagues (A) orga- stusts, but o	am Service appenses for 601(c)(3) are, and 4947(a)(1) optional for other
int Costs. Check if you are following SOP as any joint costs from a combined educational came yes, enter (i) the aggregate amount of these joint in the amount allocated to Management and general Part III Statement of Program Servat is the organization's primary exempt purpose? Organizations must describe their exempt purpose achievements that are not measurable. (Section 501(c)(3) and (costions to others)	438 438 44 98-2 paign and costs \$ ul \$ vice Ac SE	fundraising solicitation re; ; and complishments E STATEMENT ar and concise menner. State ns and 4947(a)(1) nonexempt EYS WHO ARE	ported in (B) Program set (II) the amount allocated (IV) the amount allocated 3 the number of clients served, chantable trusts must also ent PERMANENTL Grants and allocations \$	to Program services \$ to Fundraising \$ publications issued, etc Disc are the amount of grants and YOR	Progr Flagues (A) orga- stusts, but o	am Service appenses for 601(c)(3) are, and 4947(a)(1) optional for other
int Costs. Check if you are following SOP in any joint costs from a combined educational came yes, after (i) the aggregate amount of these joint in the amount allocated to Management and general Sert il Statement of Program Sert is the organization's primary exempt purpose? Organizations must describe their exempt purpose active employments that are not measurable. (Section 501(c)(3) and (costions to others) DISTRIBUTIONS MADE TO TEMPORARILY DISABLED.	438 438 44 98-2 paign and costs \$ ul \$ vice Ac SE	fundraising solicitation re; ; and complishments E STATEMENT ar and concise menner. State ns and 4947(a)(1) nonexempt EYS WHO ARE	ported in (B) Program set (II) the amount allocated (IV) the amount allocated 3 the number of clients served, charitable trusts must also ent PERMANENTL Grants and allocations \$	to Program services \$ to Fundraising \$ publications issued, etc Disc are the amount of grants and YOR	Progr Flagues (A) orga- stusts, but o	am Service appenses for 601(c)(3) are, and 4947(a)(1) optional for other
int Costs. Check if you are following SOP e any joint costs from a combined educational came any joint costs from a combined educational came yes, enter (i) the aggregate amount of these joint in the amount allocated to Management and general enterties and Statement of Program Ser that is the organization's primary exempt purpose? Organizations must describe their exempt purpose achieves intervenents that are not measurable. (Section 501(c)(3) and (coadions to others) DISTRIBUTIONS MADE TO TEMPORARILY DISABLED.	438 438 44 98-2 paign and costs \$ ul \$ vice Ac SE	fundraising solicitation re; ; and complishments E STATEMENT ar and concise menner. State ns and 4947(a)(1) nonexempt EYS WHO ARE	ported in (B) Program set (II) the amount allocated (IV) the amount allocated 3 the number of clients served, chantable trusts must also ent PERMANENTL Grants and allocations \$	to Program services \$ to Fundraising \$ publications issued, etc Disc are the amount of grants and YOR	Progr Flagues (A) orga- stusts, but o	am Service appenses for 601(c)(3) are, and 4947(a)(1) optional for other
int Costs. Check If you are following SOP e any joint costs from a combined educational cam Yes, "enter (I) the aggregate amount of these joint i) the amount allocated to Management and genera Part III Statement of Program Ser hat is the organization's primary exempt purpose? In organizations must describe their exempt purpose schievements that are not measurable. (Section 501(c)(3) and (cocations to others) DISTRIBUTIONS MADE TO	438 438 44 98-2 paign and costs \$ ul \$ vice Ac SE	fundraising solicitation re; ; and complishments E STATEMENT ar and concise menner. State ns and 4947(a)(1) nonexempt EYS WHO ARE	ported in (B) Program set (II) the amount allocated (IV) the amount allocated 3 the number of clients served, chantable trusts must also ent PERMANENTL Grants and allocations \$	to Program services \$ to Fundraising \$ publications issued, etc Disc are the amount of grants and YOR	Progr Flagues (A) orga- stusts, but o	am Service appenses for 601(c)(3) are, and 4947(a)(1) optional for other
int Costs. Check if you are following SOP is any joint costs from a combined educational cam Yes, enter (i) the aggregate amount of these joint i) the amount allocated to Management and genera Part ii Statement of Program Ser that is the organization's primary exempt purpose? I organizations must describe their exempt purpose achieves relievements that are not measurable. (Section 501(c)(3) and (costions to others) B DISTRIBUTIONS MADE TO TEMPORARILY DISABLED.	438 438 44 98-2 paign and costs \$ ul \$ vice Ac SE	fundraising solicitation re; ; and complishments E STATEMENT her and concise manner. State has and 4947(a)(1) nonexempt EYS WHO ARE	ported in (B) Program set (II) the amount allocated (IV) the amount allocated 3 the number of clients served, chantable trusts must also ent PERMANENTL Grants and allocations \$	to Program services \$ to Fundraising \$ publications issued, etc Disc are the amount of grants and YOR	Progr Flagues (A) orga- stusts, but o	am Service ayenses for 601(c)(3) and and 6947(a)(1) optional for other
int Costs. Check if you are following SOP e any joint costs from a combined educational came any joint costs from a combined educational came yes, enter (i) the aggregate amount of these joint in the amount allocated to Management and general enterties and Statement of Program Ser that is the organization's primary exempt purpose? Organizations must describe their exempt purpose achieves intervenents that are not measurable. (Section 501(c)(3) and (coadions to others) DISTRIBUTIONS MADE TO TEMPORARILY DISABLED.	438 438 44 98-2 paign and costs \$ ul \$ vice Ac SE	fundraising solicitation re; ; and complishments E STATEMENT er and concise manner. State ns and 4947(a)(1) nonexempt EYS WHO ARE	ported in (B) Program set (II) the amount allocated (IV) the amount allocated 3 the number of clients served, charitable trusts must also en PERMANENTL Grants and allocations \$ (Grants and allocations \$	to Program services \$ to Fundraising \$ publications issued, etc Disc are the amount of grants and YOR	Progress (4) organization but a sure to the control of the control	am Service appenses for 601(c)(3) and 6947(a)(1) applications for other

Form 990 (2003)

Note:	Whee shou	re required, attached schedules and amounts Id be for end-of-year amounts only.	within the description column	(A) Beginning of year		(8) End of year
		Analy man fatoment booming			45	
	45 48	Cash - non-interest-bearing Savings and temporary cash investments	•	69,941.	46	3,273.
	10					
	47 a	Accounts receivable .	472			
	b	Less, allowance for doubtful accounts	476		47c	
	AR =	Pledges receivable	482			
	b	Less: allowance for doubtful accounts	48b		48c	
	49	Grants receivable			49	
	50	Receivables from officers, directors, trustees,				
en.		and key employees	1 1 1		50	
Assets		Other notes and loans receivable	51a			
As	_	Less: allowance for doubtful accounts	_ [51b]		51c	
	52	Inventories for sale or use	· · · · · · · · · · · · · · · · · · ·		52 53	Margania
	53	Prepaid expenses and deferred charges	Cost FMV		54	
	54	Investments - securities	. Cost L. PMV		- 0-	
	55 a	investments - land, buildings, and equipment: basis	55a			
		equipment, vasts			-	
	ħ	Less' accumulated depreciation	55b		55c	
	56		SEE STATEMENT 5	370,947.	56	101,798.
	1		57a		"	
	3	Less: accumulated depreciation	57b		57c	<u> </u>
	58	Other assets (describe)		58	
				440 000		105,071.
	59	Total assets (add lines 45 through 58) (must equa		440,888.	59 50	103,071.
	60	Accounts payable and accrued expenses	i i		61	
	61		,		62	
8	62 63	Deferred revenue Loans from officers, directors, trustees, and key e			63	
Liabilities		Tax-exempt bond liabilities	,		54a	
Je C		Mortgages and other notes payable		<u></u>	64b	
	65	Other liabilities (describe			65	
	-					
	66	Total liabilities (add lines 60 through 65)		0.	66	0.
	Orga	nizations that follow SFAS 117, check here 🕨 📗	X and complete lines 67 through		1 1	
40	l .	69 and lines 73 and 74.		440,888.	67	105,071
Ş	67			440,000	58	2007072
	68	• • •			69	
<u> </u>	59	Permanently restricted	and complete lines		1	
Ē	Utga	70 through 74.	and complete mice		"	
Þ	70	Capital stock, trust principal, or current funds			70	
Net Assets or Fund Balances	71	Paid-in or capital surplus, or land, building, and e			71	
A	72	Retained earnings, endowment, accumulated inco			72	
ě	73	Total net assets or fund balances (add lines 67 t			`4	
•		column (A) mest equal line 19, column (B) must	noval line 21)	440,888		105,071
	1	Tatel Bahillion and not result I ford beingene i	, at times CC and 72\	440.888	. 74	105.071

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments

DISABLED JOCKEYS F	D	TSART	ED.	JOCKEYS	FUND
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Fo	mm 990 (2003) BRANCH BANKING & TRUS					Page 4
I	Part IV-A Reconciliation of Revenue per Audited	Part IV-B	Reconc	iliation of Exp	enses per A	udited
<u> </u>	Financial Statements with Revenue per		Financia Return	al Statements	with Expens	ses per
′	Return Total revenue, gains, and other support	Total exper		ceac nar		
•	per audited financial statements	audited fina	incial state	ments	▶ 3	N/A
_	Amounts included on line a but not on			line a but not on		
Q	line 12. Form 990	kne 17, For (1) Donated se			11	
ť	1) Net unrealized gains			\$		
,	on investments \$	(2) Prior year a	idiustment	1		
,	2) Donated services	reported or				
Į.	and use of facilities\$		•	\$	[]	
	3) Recoveries of prior	(3) Losses rep		<u> </u>		
V	year grants \$, ,		\$		•
	4) Other (specify):	(4) Other (spec			[]	`
1	a) Outer (specify).	(1) 02:01 (000	<i>3 </i>	2	1 4	
	Add amounts on lines (1) through (4)	Add amour	its on lines	(1) through (4)	▶ b	
_				(i) unoogn (v)	> 6	
5				line 17, Form	· •	*
Q	Amounts included on line 12, Form	990 but no				
_						٨
(1) Investment expenses	(1) Investment	,			- •
	not included on	not include				٠,٠
	line 6b, Form 990 . \$	line 6b, For		·	!	
(2) Other (specify).	(2) Other (spe	chy):	•		
				4434463	→ d '	
	Add amounts on lines (1) and (2)	l .		(1) and (2)	▶ ₫	
8	Total revenue per line 12, Form 990	e Total exper		8 17, FURIL \$30	▶ e	
П	(line c plus line d) e Part V List of Officers, Directors, Trustees, and Key E	mniovase (steach on	e even if not commen		
	-art v List of Officers, Directors, Trustees, and Key L	(8) Title and aver	oe hours	(C) Compensation	(D) Contributions to	(E) Expense
	****	nor week days	ted to	Hand mald males	* employee benefit	account and
\	(A) Name and address	het week navr	HOU LU	(ii noi paig, enter	plans & deferred	other allowances
<u>_</u>	* *		NOG LO	(C) Compensation (If not paid, enter -0)	plans & deferred compensation	other allowances
	RANCH BANKING & TRUST COMPANY	TRUSTEE	itea to	(II not paid, enter	plans & deferred compensation	other allowances
3	RANCH BANKING & TRUST COMPANY 60 EAST VINE STREET	TRUSTEE	AGG TO			
3	RANCH BANKING & TRUST COMPANY 60 EAST VINE STREET		Nea to	(II not paid, enter		
3	RANCH BANKING & TRUST COMPANY 60 EAST VINE STREET	TRUSTEE	Neo to			
3	RANCH BANKING & TRUST COMPANY 60 EAST VINE STREET	TRUSTEE	Neo to			
3	RANCH BANKING & TRUST COMPANY 60 EAST VINE STREET	TRUSTEE	New to			
3	RANCH BANKING & TRUST COMPANY 60 EAST VINE STREET	TRUSTEE				
3	RANCH BANKING & TRUST COMPANY 60 EAST VINE STREET	TRUSTEE				
3	RANCH BANKING & TRUST COMPANY 60 EAST VINE STREET	TRUSTEE				
3	RANCH BANKING & TRUST COMPANY 60 EAST VINE STREET	TRUSTEE				
3	RANCH BANKING & TRUST COMPANY 60 EAST VINE STREET	TRUSTEE				
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3	RANCH BANKING & TRUST COMPANY 60 EAST VINE STREET	TRUSTEE				
3	RANCH BANKING & TRUST COMPANY 60 EAST VINE STREET	TRUSTEE				
3 <u>L</u>	RANCH BANKING & TRUST COMPANY 60 EAST VINE STREET EXINGTON, KY 40507-1514	TRUSTEE		0.	0.	
3 <u>L</u>	RANCH BANKING & TRUST COMPANY 60 EAST VINE STREET	TRUSTEE NOMINAL	100,000 fr	O .	0.	

	990 (2003) BRANCH BANKING & TRUST COMPANY, TRUSTEE			Page 5
Pe	rt VI Other Information	,	Yes	No
76	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	76		X
77	Were any changes made in the organizing or governing documents but not reported to the IRS?	77		X
	If "Yes," attach a conformed copy of the changes.		1	
78 a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	78a		X
b	If 'Yes,' has it filed a tax return on Form 990-T for this year?	78b		
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year?	79		X
13	If "Yes," attach a statement			
en -	The second secon			۲,
80 a	governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?	80a	х	
	If "Yes," enter the name of the organization JOCKEYS' GUILD, INC.	000		
b	1 W P 3 1 1 1 .		1	`
				.
81 a	Cittel direct of nighter advantages one and of advantages		-	Х
þ	Did the organization file Form 1120-POL for this year?	81b		^
82 a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than			·
	fair rental value?	82a		X
b	If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an			
	expense in Part II (See instructions in Part III)	1	{	
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications?	832	X	
b	Did the organization comply with the disclosure requirements relating to guid pro quo contributions?	83b	X	
84 a	Did the organization solicit any contributions or gifts that were not tax deductible?	848		Ĺ
	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not			
_	tax deductible?	84b		
85	501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?	85a		
	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	85b		
b	"If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax			,,
				j.
	owed for the prior year. Dues assessments and similar amounts from members 85c N/A			
C	27/3	1	1	ľ
đ	COCCION (CISTO) DODINI STILL DANGE OF PROCESS OF PROCES	1	1 :	1
6	Might age in the control of account of accou	-		-~
ŧ	Taxable amount of lobbying and political expenditures (line 85d less 85e)	∤	` '	
•	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	850	 	
h	if section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues		İ	1
	allocable to nondeductible lobbying and political expenditures for the following tax year?	85h		
86	501(c)(7) organizations. Enter: a initiation fees and capital contributions included on line 12	_		X4v
b	Gross receipts, included on line 12, for public use of club facilities			1
87	501(c)(12) organizations. Enter: a Gross income from members or shareholders]		1
	Gross income from other sources. (Do not net amounts due or paid to other sources	1		1
•	against amounts due or received from them)			L
80	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership,	1		1
88	or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3?			
		88	1	X
	If "Yes," complete Part IX	1.00	 	12.
89 a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 ► 0 • : section 4912 ► 0 • : section 4955 ► 0 •		ļ·`	
	444444	1	1	1
b	501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit	1		
	transaction during the year or did it become aware of an excess benefit transaction from a prior year?			v
	If "Yes," attach a statement explaining each transaction	895		X
C	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under			_
	sections 4912, 4955, and 4958			0
ď	Enter: Amount of tax on line 89c, above, reimbursed by the organization			0
90 z	List the states with which a copy of this return is filed SEE STATEMENT 6			
	Number of employees employed in the pay period that includes March 12, 2003			
91	The books are in case of DRANCH BANKING & TRUST COMPANY Telephone no 5 859-2	81-	219()
٠.				
	Located at ▶ 360 EAST VINE STREET LEXINGTON, KY ZIP+4 ▶	405	07-	<u> 151</u>
	BY WELVE DE .	-,		
92	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041- Check here		>	
	and enter the amount of tax-exempt interest received or accrued during the tax year	N.	Ä	

BRANCH BANKING & TRUST COMPANY, TRUSTEE

Part VII Analysis of Income-Pro	I Hamb	ated business income	Exclus	ed by section 512, 513, or 514	
Note: Enter gross amounts unless otherwise indicated.	(A)	(8)	(C)	(D)	(E) Related or exempt
	Business	Amount	Exclu- BION	Amount	tunction income
3 Program service revenue.	code		code		
	1	1	-		
b			 		
•	·				
d			┼─┤		
			\vdash		
1 Medicare/Medicaid payments	·		╂╾╌╂		
g Fees and contracts from government agenci	es .		╂─┤		
Membership dues and assessments			14	186.	
Interest on savings and temporary cash inve	siments		14	13,802.	
5 Dividends and Interest from securities			1 - 1	10,002.	
7 Nat rental income or (loss) from real estate.			1		<u></u>
a debt-financed property			-		
b not debt-financed property			+ +		
Net rental income or (loss) from personal pr	openy .		┼		
Other investment income			╀┼		
Gain or (loss) from sales of assets			18	54,574.	
other than inventory	···		119	<u> </u>	
Net income or (loss) from special events	·		┼─┤		
Gross profit or (loss) from sales of inventory	/		┼──┤		
Other revenue:					
	3				
<u> </u>					
<u> </u>	ì				
d			 		
		0.	+	68,562.	
Subtotal (add columns (B), (D), and (E))	· L				68,56
Total (add line 104, columns (8), (D), and (I			** ****	,	
e: Line 105 plus line 1d, Part I, should ed art VIII Relationship of Activit	uai the amount on line	12, Part I. Nichment of Every	of Drag	TARGE (See name 34 of the	instructions)
ne No. Explain how each activity for which exempt purposes (other than by pro			а ктроп	anny to the accomplishment of	t me organization z
exempt purposes (other than by pro	AIDEL COMPS IN SOCIE POLE	70303 J.			
					<u> </u>
art (X Information Regarding	Tavahla Suheldis	ries and Disregar	led Fr	ntities (See page 34 of the i	nstructions.)
(A)	(B)	(C)		(0) {	(E)
Name, address, and EIN of corporation.	Percentage of	Nature of activities		Total Income	End-of-year assets
partnership, or disregarded entity ow	nership interest %				6330(3
N/A	%				
N/A					
	<u>%</u>				
	% - T	atad with Dance-	ı Danı	nfit Contracta (See no	a 34 of the instructions
art X Information Regarding	I ransters Associ	aleu with Persona	Dell	ent Contracts (300 bay	Yes X
(a) Did the organization, during the year, recei					
(b) Did the organization, during the year, pay p	premiums, directly or Indin	ectly, on a personal benefit (ontract?	'	L Yes LXL
			ri giplam	onts, and to the best of my invaded	on and ballet. It is true.
		information of which prepa	prises on	ents, and to the best of my knowled by knowledge	
			17/1	C. Therefore T. T. Comp. Married Comp. Com	COST OFFICE
		2:0	speer (ofist same and title!	

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treesury Internal Revenue Service

Organization Exempt Under Section 501(c)(3)

(Except Private Foundation) and Section 501(e), 501(f), 501(k), 501(n), or Section 4947(a)(1) Nonexempt Charitable Trust

Supplementary Information-(See separate instructions.)

MUST be completed by the above organizations and attached to their Form 990 or 990-EZ

Employer identification number

OMB No 1545-0047

BRANCH BANKING & TRUST CO	MDANV TOIISTE	'IF	Employer security	
Part 1 Compensation of the Five Highest Paid Employ			re and True	teas
(See page 1 of the instructions List each one. If there are none, enter	None")	icers, Directo	: 5, and : 145	
(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans à deferred compensation	(e) Expense account and oth allowances
NONE				
				ł
				1
otal number of other employees paid			1	1
over \$50,000	0			
Part II Compensation of the Five Highest Paid Indepe	ndent Contractors 1	for Profession	al Services	
(See page 2 of the instructions. List each one (whether individuals or f				
(a) Name and address of each independent contractor paid more th	an \$50,000	(b) Type of	service	(c) Compensation
NONE				
				
			•	
otal number of others receiving over	T	•	· · · · · · · · · · · · · · · · · · ·	
CEA AAA far professional services	1 1		`	

chedule A (Form 990 or 990-EZ) 2003 BRANCH BANKING & TRUST COMPANY, TRUSTEE		Ť	ge
Part III Statements About Activities (See page 2 of the instructions.))	es	N
During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence			
public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the	1 1	1	
lobbying activities > \$ (Must equal amounts on line 38, Part VI-A,		ĺ	
or line i of Part VI-8)			_}
Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking		1	
"Yes," must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities		- 1	
During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors,		1	
trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such		-	
person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes,"	1	: 1	۰
attach a detailed statement explaining the transactions.)		1	
a Sale, exchange, or leasing of property?	28	-+	2
	۱		,
b Lending of money or other extension of credit?	20		2
		- {	•
c Furnishing of goods, services, or facilities?	2c	\dashv	
	١ ا	l	•
d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	21		
		- 1	,
e Transfer of any part of its income or assets?	28		
Do you make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how	_		,
you determine that recipients qualify to receive payments.)	38		
	3b		
Did you maintain any separate account for participating donors where donors have the right to provide advice		$-\dagger$:
on the use or distribution of funds? Part IV Reason for Non-Private Foundation Status (See pages 3 through 6 of the instructions.)			
ne organization is not a private foundation because it is: (Please check only ONE applicable box.)			
A church, convention of churches, or association of churches Section 170(b)(1)(A)(i).			
A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)			
7 A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).			
A Federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v). A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the hospital's name, sity,			
· · · · · · · · · · · · · · · · · · ·			
and state An organization operated for the benefit of a college or university owned or operated by a governmental unit Section 170(b)(1)(A)(iv). An organization operated for the benefit of a college or university owned or operated by a governmental unit Section 170(b)(1)(A)(iv).			
	•		
(Also complete the Support Schedule in Part IV-A.)			
An organization that normally receives a substantial part of its support from a governmental unit or from the general public			
Section 170(b)(1)(A)(vi). (Also complete the Support Schedule in Part IV-A.)			
A community trust. Section 170(b)(1)(A)(vi) (Also complete the Support Schedule in Part IV-A.)			
An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross			
receipts from activities related to its charitable, etc., functions - subject to certain exceptions, and (2) no more than 33 1/3% of			
its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired			
by the organization after June 30, 1975. See section 509(a)(2). (Also complete the Support Schedule in Part IV-A.)			
and the state of t	dhad in:		
An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described for the state of controlled by any disqualified persons (other than foundation managers) and supports organizations described for the state of controlled by the state of controlled	1110V H1.		
(1) lines 5 through 12 above; or (2) section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2), (See section 509(a)(3).) Provide the following information about the supported organizations. (See page 5 of the instructions.)			
Provide the inhowing shortistion about the supported digentations. (See page 2 of the sixtuacions)	(b) Lin		
(a) Name(s) of supported organization(s)		m abo	
			_
			
•			
•			

	Support Schedule (C Note: You may use ti	Complete only if you ch he worksheet in the ins			method of account e cash method of ac	rage s ing, counting.
begin	idar year (or fiscal year ining in)	(a) 2002	(b) 2001	(c) 2000	(d) 1999	(e) Total
15	Gitts, grants, and contributions received (Do not include unusual grants. See line 28.)	4,100.	195,127.	263,910.	190,064	653,201.
16	Membership fees received .					
17	Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose			14,341.		14,341.
18	Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	34,975.	45,078.	42,006.	34,938.	
19	Net income from unrelated business					
	activities not included in line 18				<u> </u>	
50	Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
21	The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge					
22	Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets					
23	Total of lines 15 through 22	39,075.	240,205.	320,257.	225,002.	
24	Line 23 minus line 17	39,075.	240,205.	305,916.	225,002.	
25	Enter 1% of line 23	391.	2,402.	3,203.	2,250.	
28	Organizations described on lines 10					16,204.
þ	Prepare a list for your records to sho			•	t t	* ** ** ** ** ** ** ** ** ** ** ** ** *
	unit or publicly supported organization	•	•			222 000
	Do not file this list with your return.		- •		26b	322,980.
	Total support for section 509(a)(1) to				> 26c	810,198.
ā	Add. Amounts from column (e) for I				1	479,977.
_	Outline consent time 60 a mileur line 6	22	260	322,980) ≥ 26d ≥ 26e	330,221.
6	Public support (line 26c minus line 2					40.7581%
27	Public support percentage (line 266 Organizations described on line 12:				 	
21	records to show the name of, and to					=
	•	N/A	Cit lest tintil' parti cisde	milled persons. We like the	a and nat mon lost to:	Ritt' Pisfat fila knill At
			120	1001	(1999)	
b	For any amount included in line 17 th					
•	and amount received for each year, t		•		•	•
	described in lines 5 through 11, as w		• • •	• •	•	
	the larger amount described in (1) or					
		(2001)				
2	Add: Amounts from column (e) for ii	nes: 15		16		
	17	20		21	▶ 276	
đ	Add: Lino 27a total	20	d line 27b total		. 1 276	
w	Public support (line 27c total minus)	line 27ú total)		, ,		N/A
1	Total support for section 509(a)(2) to				N/A	
	Public support percentage (line					N/A %
	Investment income percentage					
to Y	nusuel Grants: For an organization show, for each year, the name of the our return. Do not include these grant	contributor, the date and its in line 15.	amount of the grant, and	nusual grants during 199 a brief description of the	nature of the grant. Do	not file this list with
	12-06-03	N(ONE		Sche	dule A (Form 990 or 990-EZ) 2003

	dule A (Form 990 or 990-EZ) 2003 BRANCH BANKING & TRUST COMPANY, TRUSTEE			açe 4
Pa	Private School Questionnaire (See page 7 of the instructions.) (To be completed ONLY by schools that checked the box on line 6 in Part IV)	N/	A	
	(10 be completed ONLY by schools that checked the box on line of it Part IV)		T	
3	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing		Yes	No
	instrument, or in a resolution of its governing body?	29		L
0	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues,			
	and other written communications with the public dealing with student admissions, programs, and scholarships?	30	ļ	
1	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of			
	solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known		1	,
	to all parts of the general community it serves?	31	<u> </u>	-
	If "Yes," please describe, if "No," please explain. (If you need more space, attach a separate statement)			
		1.		
			1	,
		١.		`
!	Does the organization maintain the following:	32a	1	7
1	•••••••••••••••••			-
	Occardo decumentias that exhalambias and other financial acciptance are exceeded on a recipily condicoriminatory back?			1
b		32 b	<u> </u>	
b c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student			
C	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	32c		
C	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? Copies of all material used by the organization or on its behalf to solicit contributions?			
C	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	32c		
C	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? Copies of all material used by the organization or on its behalf to solicit contributions?	32c		
đ	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? Copies of all material used by the organization or on its behalf to solicit contributions?	32c		
đ	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	32c		
đ	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? Copies of all material used by the organization or on its behalf to solicit contributions? If you answered "No" to any of the above, please explain (If you need more space, attach a separate statement.) Does the organization discriminate by race in any way with respect to: Students' rights or privileges? Admissions policies?	32c 32d 33a 33a		
d	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? Copies of all material used by the organization or on its behalf to solicit contributions? If you answered "No" to any of the above, please explain (If you need more space, attach a separate statement.) Does the organization discriminate by race in any way with respect to: Students' rights or privileges? Admissions policies? Employment of facuity or administrative staff?	32c 32d 32d 33a 33b 33c		
c d	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? Copies of all material used by the organization or on its behalf to solicit contributions? If you answered "No" to any of the above, please explain (If you need more space, attach a separate statement.) Does the organization discriminate by race in any way with respect to: Students' rights or privileges? Admissions policies? Employment of facuity or administrative staff? Scholarships or other financial assistance?	32c 32d 32d 33a 33b 33c 33d		· .
c d	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? Copies of all material used by the organization or on its behalf to solicit contributions? If you answered "No" to any of the above, please explain (If you need more space, attach a separate statement.) Does the organization discriminate by race in any way with respect to: Students' rights or privileges? Admissions policies? Employment of facuity or administrative staff?	32c 32d 32d 33a 33b 33c 33d 33e		
c d	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? Copies of all material used by the organization or on its behalf to solicit contributions? If you answered "No" to any of the above, please explain (If you need more space, attach a separate statement.) Does the organization discriminate by race in any way with respect to: Students' rights or privileges? Admissions policies? Employment of facuity or administrative staff? Scholarships or other financial assistance?	32c 32d 33a 33b 33c 33d 33e 33f		
c d 3 a b c d 8 !	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? Copies of all material used by the organization or on its behalf to solicit contributions? If you answered "No" to any of the above, please explain (If you need more space, attach a separate statement.) Does the organization discriminate by race in any way with respect to: Students' rights or privileges? Admissions policies? Employment of faculty or administrative staff? Scholarships or other financial assistance? Educational policies? Use of facilities? Athletic programs?	32c 32d 33d 33c 33d 33e 33f 33g		
d d	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? Copies of all material used by the organization or on its behalf to solicit contributions? If you answered "No" to any of the above, please explain (If you need more space, attach a separate statement.) Does the organization discriminate by race in any way with respect to: Students' rights or privileges? Admissions policies? Employment of faculty or administrative staff? Scholarships or other financial assistance? Educational policies? Use of facilities? Athletic programs? Other extracurricular activities?	32c 32d 33a 33b 33c 33d 33e 33f		
c d d d e l g	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? Copies of all material used by the organization or on its behalf to solicit contributions? If you answered "No" to any of the above, please explain (If you need more space, attach a separate statement.) Does the organization discriminate by race in any way with respect to: Students' rights or priviteges? Admissions policies? Employment of facuity or administrative staff? Scholarships or other financial assistance? Educational policies? Use of facilities? Athletic programs?	32c 32d 33d 33c 33d 33e 33f 33g		
c d 3 a b c d 8 !	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? Copies of all material used by the organization or on its behalf to solicit contributions? If you answered "No" to any of the above, please explain (If you need more space, attach a separate statement.) Does the organization discriminate by race in any way with respect to: Students' rights or privileges? Admissions policies? Employment of faculty or administrative staff? Scholarships or other financial assistance? Educational policies? Use of facilities? Athletic programs? Other extracurricular activities?	32c 32d 33d 33c 33d 33e 33f 33g		
c d d d e l g	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? Copies of all material used by the organization or on its behalf to solicit contributions? If you answered "No" to any of the above, please explain (If you need more space, attach a separate statement.) Does the organization discriminate by race in any way with respect to: Students' rights or privileges? Admissions policies? Employment of faculty or administrative staff? Scholarships or other financial assistance? Educational policies? Use of facilities? Athletic programs? Other extracurricular activities?	32c 32d 33d 33c 33d 33e 33f 33g		· · · · · · · · · · · · · · · · · · ·
c d 3 a b c d 8 !	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? Copies of all material used by the organization or on its behalf to solicit contributions? If you answered 'No' to any of the above, please explain (If you need more space, attach a separate statement.) Does the organization discriminate by race in any way with respect to: Students' rights or privileges? Admissions policies? Employment of faculty or administrative staff? Scholarships or other financial assistance? Educational policies? Use of facilities? Athletic programs? Other extracurricular activities? If you answered 'Yes' to any of the above, please explain (If you need more space, attach a separate statement.)	32c 32d 33d 33c 33d 33e 33f 33g		

Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50,

1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation

Schedule A (Form 990 or 990-EZ) 2003

chedule A (Form 990 or 990-EZ) 2003 BRANCH BANKING & TRUST COMPANY,	edula A (Form 990 or 990-EZ) 2003 BRANCH	BANKING	£	TRUST	COMPANY,	TRUSTEE
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Page

	by Electing Public Charities	

N/A

	(10 De compieted UNLT D	A SUBJONE ORGANIZATION THAT THEO POTTE 3700)				· · · · · · · · · · · · · · · · · · ·
Che	ck 🕨 🛾 🔛 if the organization belon	gs to an affiliated group. Check 🕨 b 📙	<u> </u>	ou che	cked "a" and "limited conti	of provisions apply.
		Lobbying Expenditures tures' means amounts paid or incurred.)			(2) Affiliated group totals	(b) To be completed for ALL electing organizations
					N/A	
36	Total lobbying expenditures to influence	public opinion (grassroots lobbying)	.	36	•	
37	Total lobbying expenditures to influence			37		
38	Total lobbying expenditures (add lines 3		.,	38		
39	Other exempt purpose expenditures			39		
40	Total exempt purpose expenditures (add			40		
41						
•	If the amount on line 40 is -	The lobbying nontaxable amount is -				
	Not over \$500,000	20% of the amount on line 40	٦			
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000			<i>'</i> •	4 2 3
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000	. }	41		
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000				3 11
	Over \$17,000,000	\$1,000,000	ا (′
42	Grassroots nontaxable amount (enter 25	5% of line 41)		42		
43	Subtract line 42 from line 36 Enter -0-1	f line 42 is more than line 36		43		
44	Subtract line 41 from line 38. Enter -0- r	fline 41 is more than line 38		44		
	Caution: If there is an amount on el	ther line 43 or line 44, you must file Form 4720.				

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 45 through 50 on page 11 of the instructions.)

		N/A			
Calendar year (or Iscal year beginning in)	(a) 2003	(b) 2002	(c) 2001	(d) 2000	(e) Total
15 Lobbying nontaxable amount					С.
16 Lobbying celling amount (150% of line 45(e)).	* (*)				0
17 Total lobbying expenditures					0
18 Grassroots nontaxable amount					0
19 Grassroots ceiling amount (150% of line 48(e))					0
50 Grassroots lobbying expenditures					0
Part VI-B Lobbying A	Activity by Nonelec nly by organizations that did	ting Public Charities of not complete Part VI-A) (See	page 12 of the instruc	tions.)	N/A
During the year, did the organization	on attempt to influence nati	onal, state or local legislation, i			Amount

P	Lobbying Activity by Nonelecting Public Charities (For reporting only by organizations that did not complete Part VI-A) (See page 12 of the instructions.)			N	/A
Du	ring the year, did the organization attempt to influence national, state or local legislation, including any attempt to	Yes	Na	Amount	,
infl	ivence public opinion on a legislative matter or referendum, through the use of:				*** ******
ı	Volunteers	ļ			
b	Paid staff or management (Include compensation in expenses reported on lines c through h.)	<u></u>		· ·.	
c	Media advertisements	<u></u>			
đ	Mailings to members, legislators, or the public	ļ			
¥	Publications, or published or bigadiast statements	ļ			
1	Grants to other organizations for lobbying purposes				
	Direct contact with legislators, their staffs, government officials, or a legislative body				
	Railies, demonstrations, seminars, conventions, speeches, lectures, or any other means				
ŧ	Total lobbying expenditures (Add lines c through h.)	<u></u>			0.
	If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities.				

		B BRANCH BANKING & TRUST COL		* 4	3	Page 6
Part		garding Transfers To and Transactions a	nd Relationships With Nonchart	table		
		zations (See page 12 of the instructions.)	the second method to see the second			·
		irectly or indirectly engage in any of the following with any of				
		section 501(c)(3) organizations) or in section 527, relating to	portical organizations?	г	Yes	No
		panization to a noncharitable exempt organization of:			165	
	(I) Cash		•	51a(l)		X
(II) Other assets .			a(ii)		X
b C	ther transactions					
	(I) Sales or exchanges of asse	ts with a noncharitable exempt organization		b (i)		X
(Purchases of assets from a	noncharitable exempt organization		b(II)		X
(ii) Rental of facilities, equipme	nt, or other assets		b(III)		X
(iv) Reimbursement arrangeme	nts		D(IV)		X
(v) Loans or loan guarantees		44 00000 40 4 400	b(v)		Х
(rl) Performance of services or	membership or fundraising solicitations		b(vi)		X
-		mailing lists, other assets, or paid employees		8		X
đ H	the answer to any of the above	s "Yes," complete the following schedule. Column (b) shou	ld always show the fair market value of the	***************************************		
a	oods, other assets, or services	given by the reporting organization, if the organization recei	ved less than fair market value in any			
tı	ansaction or sharing arranger	ent, show in column (d) the value of the goods, other assets	, or services received.	1	A\R	
(a)	(b)	(c)	(d)			
Line no		Name of noncharitable exempt organization	Description of transfers, transactions, and	shanng arn	angen	nents
						······

(a) Name of organization	(b) Type of organization	(c) Description of relationship
		JOCKEY'S GUILD, INC.
		ESTABLISHED A TRUST ON JULY 1,
JOCKEYS' GUILD, INC.	501(C)(5)	1991 CALLED THE DISABLED
		JOCKEYS FUND. BRANCH BANKING &
		TRUST CO. IS PRESENTLY THE
		SOLE TRUSTEE. THE
		PRESIDENT OF JOCKEYS' GUILD,
		INC. IS A MEMBER OF A
		COMMITTEE THAT ADVISES
		THE TRUSTEE OF THE NAMES AND
_ · · · · · · · · · · · · · · · · · · ·		PARTICULAR NEEDS OF DISABLED
		JOCKEYS. GUILD
		PERSONNEL PERFORM MANAGEMENT,
		ACCOUNTING AND OTHER SERVICES
		FOR THE FUND AT
		NO CHARGE.

52 a Is the organization directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the

Code (other than section 501(c)(3)) or in section 527?

RM 990 GAIN (LOSS) FI	ROM PUBLICLY T	RADED SECURIT	'IES :	STATEMENT 1
DESCRIPTION	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	NET GAIN OR (LOSS)
CAPITAL GAINS	313,291.	258,717.	0.	54,574.
TO FORM 990, PART I, LINE 8	313,291.	258,717.	0.	54,574.
FORM 990 OTHER CHANGES DESCRIPTION	IN NET ASSETS	OR FUND BALA	NCES	AMOUNT 2
DESCRIPTION 	3			<25,639.
TOTAL TO FORM 990, PART I, LII				<25,639.
	WIGHTON C. DD	WADY EVENDE I	PURPOSE	STATEMENT 3
FORM 990 STATEMENT OF ORGAL	NIZATION'S PRI PART III	PARI EXEMPT E	UKPUSE	OIMIEMENI 3

PLANATION

THE DISABLED JOCKEYS FUND PROVIDES FINANCIAL HELP TO JOCKEYS WHO ARE PERMANENTLY AND TEMPORARILY DISABLED.

FORM 990 SI	PECIFIC ASSISTANCE TO INDIVIDUALS	STATEMENT 4
DESCRIPTION		AMOUNT
DISTRIBUTIONS TO OR FOR TEMPORARILY DISABLED	JOCKEYS WHO ARE PERMANENTLY OR	371,160.
TOTAL TO FORM 990, PART	II, LINE 23	371,160.

RM 990	OTHER INVESTMENTS	S	STATEMENT	5
DESCRIPTION		VALUATION METHOD	AMOUNT	
BRANCH BANKING &	TRUST COMPANY	MARKET VALUE	101,79	98.
TOTAL TO FORM 990), PART IV, LINE 56, COLUMN B		101,79	98.
FORM 990	LIST OF STATES RECEIVING CO		STATEMENT	(
STATES				
KENTUCKY, NEW YOR	RK, CALIFORNIA, ILLINOIS, MARY	LAND & FLORIDA		
	FOOTNOTES		STATEMENT	

THE DISABLED JOCKEYS' FUND IS TERMINATING IN 2004. ALL MONIES CURRENTLY IN THE FUND ARE BEING SPENT ON THE FUNDS' HARITABLE PURPOSE. NO ADDITIONAL FUNDS ARE BEING SOLICITED.

Form **8868** (December 2000)

Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.

OMB No. 1545-1709

Note: Form 990-T corporations requesting an automatic 6-month extension - check this box and complete Part I only All other corporations (including Form 990-C filers) must use Form 7004 to request an extension of time to file income tax returns. Partnerships, REMICs and trusts must use Form 8736 to request an extension of time to file Form 1065, 1066, or 1041. Type or Name of Exempt Cryanization DI SABLED JOCKEYS FUND BRANCH BANKING & TRUST COMPANY, TRUSTEE File by the BANKING & TRUST COMPANY, TRUSTEE LEXINGTON, KY 40507-1514 Check type of return to be filed (file a separate application for each return): Form 990-BL Form 990-T (corporation) Form 4720 Form 990-BL Form 990-T (trust other than above) Form 8870 If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for the whole group, check this box If the same and ElNs of all members the extension will cover. 1 I request an automatic 3-month (6-month, for 990-T corporation) extension of time until AUGUST 16, 2004 to file the exempt organization return for the organization named above. The extension is for the organization's return for:	Part I	Automatic 3-Month Extension of Time - Only submit original (no copies needed)	
All other corporations (including Form 990-C filers) must use Form 7004 to request an extension of time to file income tax returns. Perforables, REMICs and trusts must use Form 8736 to request an extension of time to file form 1055, 1056, or 1041. Type or Infinite by Parknerships, REMICs and fusts must use Form 8736 to request an extension of time to file form 1055, 1056, or 1041. Type or Infinite by Parknerships, REMICs and fusts must use Form 8736 to request an extension of time to file form 1055, 1056, or 1041. Type or Infinite by Parknerships, REMICs and REMICHS and REMICHS BANKING & TRUST COMPANY, TRUSTEE **Name of Exampt Organization on If 2 P.O. box, see instructions. 360 EAST VINE STREET **Check type of return to be filed(file a separate application for each return): **Example of Form 990-BL		-	anks b
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